# CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

# DEATHS

BEGINNING 1910



DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

#### DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

ORM RM   (11 00	PETAIN-PERM			Authorpother	345	
	REQUEST FOR R	ETENTION PERIO	D	Department:	Health	
Jan Fred			119,400 135	Bureau		
o: Records A	Management Officer, I, City Hall, Baltimo	ore, 2, Md.			Vital Statis	tice
NOOTI 400	, say tron, somme	Roc	ord Identification		13.7	ounce etc.)
TITLE:			2. Form No. if available	ble	3. Type—(cards,	
	Certificate of De	eath			Bound	BOOK
Dates	5. Valume occumulated		6. Size of Record Misc.	7. Number	of copies mode One (1)	
. Authorization Re	equested (check only one (	1) of the squares below)	)	ond destroy or	ig-   D. Microfilm	n and retain orig
records which	h ore occumu-	Dispose of present ac ation, no additional ac ation anticipated.	ccumu- C. Microfilm		dicoted	below.
Recommended R			10. Equipment and space	ce 11. In you	ur opinion does this	s record have any
In Dept	b. In Storage Center	c. Total 12 yrs	freed	YES [		<b>X</b> )
12 vrs.		Miamo Perm.				
	REPERTION FEEL		Microfilm all oretaining the duplicate rolls Retain original years after day	s of film for l death cert te of regist	ificates Two ration, and	1ve (12)
	REPRITOR FEEL		retaining the induplicate rolls	s of film for l death cert te of regist	ificates Two ration, and	1ve (12)
Department or B.			retaining the induplicate rolls Retain original years after day destroy after i	s of film for l death cert te of regist microfilming	r security prificates Twe ration, and	1ve (12)
Department or Bu			retaining the induplicate rolls Retain original years after day destroy after i	s of film for l death cert te of regist microfilming	r security prificates Twe ration, and  Mealth	then
Department or Bu  13 Recommended  o in Dept.  12 yrs.	ureau Approval		Retain original years after dar destroy after in original destroy afte	s of film for l death cert te of regist microfilming	r security prificates Twe ration, and ration, and Health	2/18/C. Dots  rical, (to be transfer of Legislative
13 Recommended a. In Dept. 12 yrs. REMARKS	Retention Period b. In Storage Center Microfilm Permanent	Recommendation 12 yrs.  c Total and Microfilm Permanent	retaining the duplicate rolls Retain original years after day destroy after to destroy after the	s of film for l death cert te of regist microfilming  SE. Jaw issioner of ment Officer  B To be Burned or shredded	r security prificates Twe ration, and  Mealth  C History to De	2/18/C. Dots  rical, (to be transfer of Legislative
13 Recommended a. In Dept. 12 yrs. REMARKS	Retention Period b. In Storage Center Microfilm	Recommendation  12 yrs.  c Total and Microfilm Permanent	Retain original years after da destroy after in one of Records Menogement O	s of film for l death cert te of regist microfilming  B E Jau Issioner of Ment Officer    4 Dispo B To be   Shredded	r security prificates Twe ration, and  Mealth  C History to De	2/18/C. Dots  rical, (to be transfer of Legislative
13 Recommended o in Dept.  12 yrs.  REMARKS	Retention Period b in Storage Conter Microfilm Permanent	Recommendation  12 yrs.  12 yrs.  Microfilm  Permanent	retaining the duplicate rolls Retain original years after day destroy after to destroy after the	s of film for l death cert te of regist microfilming  B E Jau Issioner of Ment Officer    4 Dispo B To be   Shredded	r security prificates Twe ration, and  Mealth  C History to De	2/18/C. Dots  rical, (to be transfer of Legislative
13 Recommended  o in Dept.  12 yrs.  REMARKS	Retention Period b. In Storage Conter Microfilm Permanent To: RECORDS MANAGEMENT	Recommendation  12 yrs.  12 yrs.  Microfilm  Permanent	Retain original years after day destroy after in the sold of scrop or woste poper  Records Management Of RECORDS DISPOSAL	s of film for  l death cert te of regist microfilming  ssioner of heat Officer  14 Dispo  B To be Burned or shredded  COMMITTEE	r security prificates Twe ration, and  Le M.D.  Health  C Histor Reference  Reference  C Referen	2/18/C. Dots  rical, (to be transfer of Legislative
13 Recommended  o in Dept.  12 yrs.  REMARKS	Retention Period b in Storage Conter Microfilm Permanent	Recommendation  12 yrs.  12 yrs.  Microfilm  Permanent	Retain original years after day destroy after to the sold os scrop or woste poper  Records Monogement Of RECORDS DISPOSAL	s of film for l death cert te of regist microfilming  B E Jau Issioner of Ment Officer    4 Dispo B To be   Shredded	r security prificates Twe ration, and  Le M.D.  Health  C Histor Reference  Reference  C Referen	2/48/C. Dote  rical, (to be transfer once.)
13 Recommended o in Dept.  12 yrs.  REMARKS	Retention Period b. In Storage Conter Microfilm Permanent To: RECORDS MANAGEMENT	Recommendation  12 yrs.  12 yrs.  Microfilm  Permanent	Retain original years after day destroy after to the sold os scrop or woste poper  Records Monogement Of RECORDS DISPOSAL	s of film for l death cert te of regist microfilming  B Z Jaw issioner of nent Officer 14 Dispo B To be Shredded  Officer COMMITTEE  VED: CITY TREASUR	The Municipal Mu	2/18/C. Dotto  rical, (to be transfer once.)  3/2/C.

# FILED ON FILM

N

NUMERICAL ORDER

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

F 62841

Registered No.

	<b>V</b>
LACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
Street address 626 Home STEak at Hospital or institution:	(c) City or town ilf outside city or town limits, write RURAL and give tow
nospital of materion.	
Length of stay in hospital or inst. (yrs., mos., or days)	d Street No. 16 20 Home stand of
Length of stay in Baltimore (yrs., mue, or days) 34	(e) If foreign born, how long in U. S. A.?
FULL NAME Bertha W. Taylo	1
1) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
Sex 5 Color or tace 6 (a) Single, married, widowed, or diversed. Willowed	21. I certify that death occurred on the date above stated; that latte ed deceased from 5 14-1936, to 11-11-193
h) Name of husband or wife Harry J. Taylog	and that I last saw her alive on 11-10-1939.
6 (c) If alive, give age years	multiple pelerosis 6 mm
Birth date of deceased mo, day, yr. Oct 8 ~ 1880	muchipu
AGE: Yearn Months Days It less than one day 5-4 / 3 hr. min.	Due to
Birthplace Vergine (Town, county, and state)	Due to
Usual Occupation At France Industry or business	Other Conditions Chronic nephritis Hurse
12. Name Milliam Pakneal	(Include pregnancy within 2 months of death)
13. Birthplace	Major findings:  Of operations  Cause to w
14 Maiden Name Maria Zee	Of autopsy tiently
1). Birthplace	22. If death was due to external causes, fill in the following:
b) Address o - p roma stead st.	(a) Accident, suicide, or homicide
7 (a Az ca C b Date thereof (month) (day) (year	
(c) Cemetery of erematory	(d) Did injury occur about home, on farm, industrial place, in populate?  While at work?
8 (a) Funeral director William Pool	(e) Means of injury
(b) Address (b)	23. Signature M. I Address 2802 Harfordan Date signed #-1/
Date ree'd by regultrar) Registrar	Walter Por

49989 F 62842

CERTIFICATE		
- PARTIE	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: altimore City, Maryland	(a) State. Maryland(b) County	
treet address Raltimore Maryland	(c) City or town Baltimore (If outside city or town limits, write RURA)	L and give town)
Baltimore Wity Hospitels	derect No. 1518 Park Ave.	
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
ength of stay in Daitimore 1902		_
FULL NAME Carlton Perry	MEDICAL CERTIFICATION	45
If veteran, name war  3 (c) Social Security Account No.	1937	at 5 PM
5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated and the deceased from 11-9-19.39, to 11-	9.39.
Name of hueband or wife Maria Perry  6 (c) If alive, give age ? years	. / ///	Buration Buyan
AGE: Years Months Days If less than one day  71 71 5 7 hrmin.	Due to Hypertentine CUL	2 2
Birthplace (Town, county, and state)  Wanager of notel  Wanager of motel	Other Conditions	- ANY CICIAN
Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name AllenPerry	Major findings:	Underline the
13. Birthplace Mass.	Of operations	death should i
14 Maiden Name Annie Stow	Of autopay No	tically.
15, Birthplace	22. If death was due to external causes, fill in the	,010 11 11 2
a Informant Records	(a) Accident, suicide, or homicide	
(b) Address Baltimore City hospital	(b) Date of occurrence (c) Where did injury occur? (City or town)	County) (State
(Buriol, cremation, or remeval)	4 Did ining occur about home, on farm, indust	rial place, in pub
(c) Cemetery of cromstery of the first of th	place? (Specify type of place) While at	WOTE
Location Levery IV mkuss &	Means of injury muran hely	
b) Address in Climboh Wichard	23. Signature Cary Horp Date	e signed //-//
Registrar	Address	

VE 6

#### BALTIMORE CITY HEALTH DEPARTMENT

R.F. 62843

CERTIFICA	ATE OF DEATHY
	2. USUAL RESIDENCE OF DECEASED:
ACE OF DEATH: Baltimore City, Maryland	(a) State Ma 1. County
Street address. Hospital or institution: Baltimore City Hospital	(c) City or town (if outside city or town limits. Prite RURAL and give ywn)
Length of stay in hospital or inst. (yrs., mos., or days). Length of stay in Baltimore (yrs., invs., or days).	(e) If foreign born, how long in U. S. A.? years
FULL NAME RAYMOND TYSO	O N
Il veteran, name war	ount MEDICAL CERTIFICATION 20 DATE OF DEATH hovember 11th 1939, at 6 a
Sex 5. Color or tace 6 2 Single, married, widowe divorced My 1	above, held an thereon and from the evidence obtained by said (Autopsy of Ingsty)  (Autopsy of Ingsty)
Birth date of deceased mo, day, yr  AGE: Years Months Days If less than one da	Duration
Birthplace Buth Town County and state)	Due to
12 Name July 13 Birthplace Dalto Ma Bak	Other Conditions  (Include programmy within 3 months of death)  Major findings: Of operations  Of operations
7 in Date thereof i (morth) (day	Where did injury occur
Location McDarry L. Sauls McL.  Location McDarry L. Sauls McDarry L. Sauls McL.  Location McDarry L. Sauls McDarry L. S	Means of injury Occur about home, on farm, industrial place, in police?  While at work?  While at work?  Means of injury  While at work?  While at work?
(9 (a) Reg	Date signed how 12 4,1839

Cyremus L Nuckols pec,-1-10-21-M&T-1500 Bk. HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH. REGISTERED NO. (If death occurred in I-PLACE OF DEATH a hospital or institu-CITY OF BALTIMORE: (NO. 407 Sp. Julion tion, give its NAME instead of street and number. (Il ron resident give city or town and State) (a) RESIDENCE NO How long in U. S. if of foreign birth? (Usual place of abode) Length of residence in all y or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH (month, day, and year) 4 COLOR OR RACE 5 Single, Married, Widowed, SIX or Divorced, (write the word) I HEREBY CERTIFY, That I attended deceased from rou. , to If man ed widowed or divorced HUSBAND of and that death occurred, on the date stated above, at 1130 w DATE OF BIRTH (month, day, The CAUSE OF DEATH\* was as follows: If 1 FSS than t day, hes or min. OCCUPATION OF DECEASED v yrs ~ mos / 0 ds. a Trade, profession or particular kind of work... (h) General nature of industry, business, or establishment in (Secondary) which employed or employer) 18 Where was disease contracted Name of employer if not at place of death? Did an operation precede death? Date of BIR I HPLACE (city or town) (State or country) las lor weather Nucholo Was there an autopay? What test continued diagnosis Olyspeel had be II BIRTHILACE OF FATHER feety or fown 700 Sr. Julion ave 2/10. 1939 (Address) \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 12 MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER PLACE OF BURIAL CREMATION OR RE-DATE OF BURIAL Size or country ! Informant 1857 it melfore the yaneven, (Address) 20 UNDERTAKER Registrar Fried

#### CERTIFICATE OF DEATH

	WI	6284	15
100-			U
180	Register	ed No.	

CERTII 15	
MACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:  (a) State MA (b) County
Street address Hospital or institution:	(c) City or town (If outside city or town limits write RURAL and give town)  (If Street No. 3 5 4 (If rural give location)
Length of stay in Baltimore (yra., mos., or days) Life	(e) If foreign born, how long in U. S. A.?
b) If veteran, name war  No.	MEDICAL CERTIFICATION  26. DATE OF DEATH  1/// 1939, at 8 Sept.
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Name of husband or wife Clorge D. Suyden	21. I certify that death occurred on the date above stated; that lattended deceased from 11/10 1939, to 11/11 1939, and that I last saw her alive on 11/11 1939.
Birth date of deceased (nio., day. yr.) 6 f 25 /894  AGE: Years Months Days If less than one day  hr. min.  Birthplace Months County, and state of the county and state of the	Due to Cerebral harmarkago  Due to
12. Nanie John S. Dennie.  13. Birthplan mel.	Other Conditions  Include pregnancy within 8 months of death)  Major findings:  Of operations  Of operations
14. Maiden Name Mary E. Hayman.	Of autopey tically.
15. Birthplace  6 (a) Informant Storge a. Syden  (b) Address 3541 Old york Road  7 (a) Burial (b) Date thereof Mor 14, 1936  (month) (day) (year)  (c) Cernetery or common Pureur terms  Location Somust 60, md.  Location Somust 60, md.  (b) Address 3615-17 6 heating are  9 (a) Registers	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury,  23. Signature  Address  Address  Address  Date signed 1/flaf 34

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# 2846 De mieler 45 3 % Park myete ay

F 62846
Registered No.

CERTIFICATE	E OF DEATH	
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Baltimore City, Maryland Street address 5216 Florence Twe. Hospital or institution:	(a) State md (b) County (c) City or sown Baltimore. (If out ide city or t wn limit, write RURAL (If Florence Ca (If raral give location)	and give town)
Length of stay in hospital of line. yes, mos., or days)	(e) If foreign born, how long in U. S. A.?	years.
FULL NAME Joan F. Loving	MEDICAL CERTIFICATION	
No.  Sex 5. Color or race 6 (a) Single, married, widowed, or divoyed	20. DATE OF DEATH Nov 12, 1939  21. I certify that death occurred on the date above state  1. descreed from Man 24 1935, to Work	. 12
h) Name of husband or wife	and that I last saw h wallve on war	
Birth date of deceased mo, day, yr mark 24, 1939  AGE: Years Months Days If less than one day  hr. min.  Birthplace Than, county and state	Due to	kund Berg
). Usual Occupation	Other Conditions	PHYSICIAN
12. Name 6 thavis Lounget.  13. Birthplace Pa.  14. Maiden Name Rosalie F. Vanue.	Major findings: Of operations Of autopsy  Control  Of autopsy  Control	Und rline to ause to white the heart of the last tiently.
15. Birthplace  6 (a) Informant Rosalis F.  (b) Address 5216 Francis  (b) Date thereof Mov 14, 19,  7 (a) British (b) Date thereof (month) (day) (year	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	ounty) (State
Location & demonstron two.  18 12 Funeral director & henowith Lon.  (b) Address 36 15 17 & furthur ture.	(d) Did injury occur about home, on faith, industry place?  (Specify type of place)  (e) Means of injury  23. Signature  Address & F3 > H( Hy fo Cultate  Address & F3 > H( Hy fo Cultate	NOIKI
(Date rec'd by r.g.) truri		

## BALTIMORE CITY HEALTH DEPARTMENT /93 F 62847 CERTIFICATE OF DEATH, /93 Registered No.

	Name of the second of the seco	The state of the s
LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland Street address / 207 & Hederal at	(a) State (b) County	-
Hospital or institution:	(c) City of town College City or John lipite, write RURA (1) Street No. 1207 E. Floural	L and give town)
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimere (yrs., mos., or days) 32 yw	(e) If foreign born, how long in U. S. A.? 32	years years
a) FULL NAME Simon Ernst		
b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19 3	9. at / 250M
Sex 5, Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from 1957, to 11.	1999.
b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of doth	Duration Duration
Birth date of deceased mo., day, yr July 5- 1887	Suntaneous July watheres	a few hours
AGE: Years Months Days If lead than one day  52 Hr. min.	Chimic Emphysema	yars
Birthplace De Fown, counts, and state	Due to	
. Usual Occupation	Other Conditions,	Venso.
12. Name Crnot	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Ser.	Major findings: Of operations	t'nderline the
14. Maiden Name Wuldnour	Of Lung cysto-my acardiles	death should be charged statis- tically.
15. Birthplace	22. If death was due to external causes, fill in the f	ollowing:
a) Informant 1110. Ougabeth Conterment	(a) Accident, suicide, or homicide	
b) Address / LU(C. Flatial Do.	(b) Date of occurrence	
(Burial, cremation, or removal) (Burial, cremation, or removal)	(c) Where did injury occur? (City or town) (Con	inty) (State)
(c) Cemetery or cromptory	(d) Did injury occur about home, on farm, industria	
Location Dally Levera slow	place? While at wo	ork?
(b) Address 2016 Onleans	(e) Means of injury 23. Signature	m
9 (a) (b)	Address/206 E. Preston Sr. Date of	gned 11/1/7
(Date rec'd by registrar)	Howard Masseir, md-	thing mes En

#### CERTIFICATE OF DEATH

49647 P 62848

,			
LACE OF DEATH: Baltimore City, Maryla	and	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County	
Street address 4940	Mastern Avenue	(e) City or town Baltimore (If outside city or town limits, write RURA	L and give town)
Length of stay in hosp Length of stay in Baltin	ital or inst. (yrs., mos., or days) Life more (yrs., mos., or days)	3 days d Succession. 626 S. Kenwood Avenue (If rural give location)	years
	lia Heselbach		
b) If veteran, name war	3 (c) Social Security Ac	medical certification  20. Date of Death // - / 0 193	7. N 5 PM
F S. Color or White	divorced. Widowed	ed, or 21. I certify that death occurred on the date above state ed deceased from 10-28 1939, to 11	ed; that lattend-
b) Name of husband of	r wife George (d) 6 (e) If alive, give age	and that I last baw it.	Duration
Birth date of deceased	(mo., day, yr) Oct. 10, 18	76 Cellulitie and ymgrene legs	gacil came
	Days If less than one da	min. Due to arterio scherote and	>
Birthplace Baltis Usual Occupation Industry or business	MOTE (Town, county, and state)	Other Conditions	
	ge Kratz (d) Balto.	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the
14 Maiden Name	Eliz. Beck (d) Balto.	Of autopay	death should be charged statis tically.
(a) Informant (b) Address Bal (a) Surad (Burial, cremation, or	Records  timore City Hospitals  (b) Date thereof Mr / )  removal)  (b) Date thereof Mr / )	(d) Did injury occur about home, on larm, industrie	unty) (State al place, in publi
	3 alterior	(e) Means of injury  23. Signature  (b) Means of injury  (c) Means of injury  (d) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Means of in	g,-

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 62849 ! Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	2. USUAL KENDENCE OF SECURIOR	don
Baltimore City, Maryland	a) State Like ( Later (b) County ( )	
Street address	(c) City town Cambrilge, Mar, and alf entside city or town limits, write RURAI	and give town)
U. S. Marine Hospital, Bellimore, Md.	distrect No. 432 Willis Street	
Length of stay in hospital or inst. yrs., mos., or days 30 da	of fural give location)	
Length of stay in Baltimore (yrs., mos., or days) 30 da.	(4) If foreign born, how long in U. S. A.?	years
e : 1 Security Account	MEDICAL CERTIFICATION	
No.	20 DATE OF DEATH November 10, 1939	.atd:15FM
Sex 5 Color or race 6 a Single, married, widowed, or divorced. parried	21. I certify that I will occurred on the date above state ed deceased from Oct. 10 19 39, to MOV. and that I last saw h im alive on MOV. 10, 10	17,19 22.
Name of hu band or wife Lola Wright		Duration
6 c It alive, give age	Immediate cause of death  Bronchial Carcinona	unknown
Birth date of dece med mo. day, yr April 28, 1895	Di Oliciitat Care titoria	
AGE Years Months Days If less than one day		
44 4 12 hr min	Due to	
Birthplace Tilgman's Island Town, county, and state)	Due to	
D. Usual Occupation Truck Triver	Other Conditions	
1. Industry or business		PHYSICIAN
12 Name George Shores	Major findings:	Unifertime th
13 Birthplace (Tisfield, MC.	Of operations	- to which
14 Maiden Name Virginia Nevitt		charged statis
Colhat aller. Ca	Of autopsy Same as above	thealtr-
6 10 Informan Records-U. S. Marine Hospital	22. If death was due to external causes, fill in the	following
6 a Informan Records To Co and Annual State of the Control of the		
Address Baltimore, Md.  Date thereof //- /3-34	9 (h) Date of occurrence	
7 (a) Date thereof (month) (hay) (you	(c) Where did injury occur?	anty ( late
	d Did injury occur about home, on tarm, industrie While at w	ork?
for lide m	place? While at w	
Location Campus Brooks Won	(a) Means of injury	
8 a Funeral director flaters stores	23. Signature O. Senney	M. D.
Address Calhown & Holling 15th	U.S. Paring Postilly	ingned 11 13/
(9 (a) Resistrar	Address Baltimore, Maryland.	

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13	28	1	
	1	10.7	1
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 62850

Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	, , , , , ,	hopage
Baltimore City, Maryland	(a) State Mod (b) County Dula	-
Street address 370/ Harlem for.	(c) City or sown Ballunove to	M. and give town
Hospital or institutions	1 P D 3 - 1 Tourside city or tourn amits, write he ha	and
Md. Con. Hosp.	1 Deet No. 3/01 Narelie	aur
Length of stay in hospital or inst. (yrs., mos., or days) 4 day		years.
Length of stay in Baltimore (yra., mos., or days) 60 yto	(e) If foreign born, how long in U. S. A.?	year
MILL NAME C O D		
Mus. Janale (now)	MEDICAL CERTIFICATION	
If veteran, name war 3 (c) Social Security Account		9.00/58PM
No. 220-09-324	21. I certify that death occurred on the date above sta	
Sex 5. Color or race 6 (a) Single, married, wildowed, or divorced.	1	1/11 1939.
F W. widow	ed december 1	1934
b) Name of husband or wife/m. E. 7.	and that I last saw in-	Duration
6 (c) If alive, give age years	Immediate cause of death	
Birth date of deceased mo., day, yr. aug 20. 15/	The state of	
AGE: Years Months Days lifees than one day	2000	# dung
68 2 22 hr. , min.	Due to Bankago.	10
Burtholace Coalvert Co. mo.	Down	
O THE THE PARTY OF	Due te	
Usual Occupation	Other Conditions	
. Industry or busing		PHYSICIAN
12. Name Sungleton From	(Include pregnancy within 3 months of death)	Underline th
13. Birthplace Mid	Major findings: Of operations	cause to which
mi a day		death should be
14. Maiden Name Harraw	Of autopey	tically
15. Birthplace	22. If death was due to external causes, fill in the	e following:
6 a Informent Music 19. William	(a) Accident suicide, or homicide	
(1) Address Plusse Forms, Column to Mis		
7 a Burial, cremation, or removal (month) (day) frear	(c) Where did injury occurr	County) (State)
a Family Parks	(d) Did injury occur about home, on farm, indust	rial place, in publ
Cemetery or crematory	place? While at (Specify type of place)	work?
Location Land Avenue Topic		0.0
8 a Funeral director	(e) Means of injury	Hessua
(b) Address 1 4 20 Zelland	23. Signature	M. D
9 (a) Registrar	Address Md Con Hop Date	signed ///
(Date rec'd by registrar)		1/

VS E

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 62851 Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	1 1 1
Baltimore City, Maryland But.	(a) State Mul (b) County	
Street address Hospital or institution:  City I for the Length of etay in hospital or inst. (yrs., mos., or days) 3 days	C City of town to ide city or town limits, write RURAI  (8) Sheet No 13 Phone Colapte Creak	has Camp
Length of stay in Baltimore (yrs., mos., or days) 5 days	Te) If foreign born, how long in U. S. A.?	years
a) FULL NAME prollie borden		
b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  // - / 0 - 19 3 9	1. all. 50 PM
Sex 5 Color or race 6 (a) Single, married, widowed, or divorced Married  1 Name of husband or wife Austin Gardner	21. IHEREBY CERTIFY, That I took charge of the rer above, held an (Autopsy or Inquiry) thereon and from obtained by said (Autopsy of Inquiry) find that said	m the evidence
6 c) If alive, give age years	to death on the day stated above.	
Birth date of deceased (mo, day, yr) Feb 14th 1877  AGE: Years Months Days If less than one day  62 8 26 hr min.	Immediate cause of death Carelya Idama freb-arachuse Hernorby	Duration
Birthplace Baltimore, Id.  Town, county, and state)  Lucy Compation Housewife  Industry or business Hope	Due to multiple bonnes about Due to treatment fore trued out	
12. Name Lucian Stehle	Other Conditions	-
13 Birthplace Gerrany	(Include programs within 3 months of death)	PHYSICIAN
14 Maiden Name Agnes Paible	Major findings: Of operations	Underline the
15. Birthplace Gormany	Of autopsy as above	charged status-
h Address 2106 N. Pulaski St.,	22. If death was due to external causes, fill in the f	ollowing:
7 (a Burial Date thereof Nov 14th 193 (month) (day) (year)  (Cemetery of crematory Western	Did injury occur about home, on farm, in histria	inty (State) I place, in public
Box Funeral director Wm. J. Tickner & Sons  Box Address North & Penna Aves.	place? (Small upply place)  (6) Means of injury  23. Signature Hound Medical Examin	./ M.D.
9 (a) Registrar	Date signed 11-11-39	

VE #

#### CERTIFICATE OF DEATH

F 62852 Registered No.

CERTIFICATE	E OF DEATHY / "
Baltimore City, Maryland Street address  Maryland  Street address	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City of town  (d) County of town  (d) County of town  (d) County of town  (d) County of town  (e) City of town  (f) County of town  (f) City of town  (f) County of town  (f) City of town
Street address Hospital or institution:	I do Street No 2 011 h Fulton are
Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs. mos., or days) Life	(If rural give location) (c) If foreign born, how lnng in U. S. A.? years
a) FULL NAME Horry C. Mueller	
b) It veteran, name war . 3 (c) Social Security Account No. 217-07-6684	MEDICAL CERTIFICATION  20. DATE OF DEATH  11-10-1939. at 7.30f. M
Sex 5 Color or race 6 a Single, married, widowed, or white divorced Married	21. IHEREBY CERTIFY, That It gok charge of the remains described above, held an drying a drief thereon and from the evidence
Name of husband or wife Lary M. Mueller 6 c If alive, give age 49 years	obtained by said (hutthey or Inquiry) to have death on the day stated above
Birth date of deceased mo, day, yr. May 8, 1889  AGE: Years Months Days If less than one day  50 6 2 hr min	Immediate cause of death  Duration  Duration
Brithplace Baltimore, Maryland Two pointy and states  D. Usual Occupation Secretary Industry or business Grand Lodge A.F. & A. K.	Due to
12 Name Otto Mueller	Other Conditions
13. Birthplace Baltimore	(Include pregnancy within 3 months of death)
14 Maiden Name Rebecca Witte 15 Birthplace Falt more	Major findings:  Of operations  Underline the cause to which death should be charged statis.
6 (a) Informative. Nary M. Mueller Address 2011 N. Fulton Avenue	Ol autopsy tically  22. Il death was due to external causes, fill in the following
7 Date thereof 11/13/39  7 Date thereof (month) (day) (year)  Cometery or crematory Lorraine	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (County) (State)
Wm. J. Tickner & Sons,	Did injury occur about home, on farm, industrial place, in public place? Proserve boy While at work?
Address North Fenna Avenues	(Specify type of place) mound from  (Means of injury from  23. Signature Medical Examiner  Medical Examiner
1 to a section to the section of the	Date signed //- //- 1939 Medical Examiner

### BALTIMORE CITY HEALTH DEPARTMENT

F 62853 Registered No.

OE III III III III III III III III III I	V /
	2. USUAL RESIDENCE OF DECEASED:
LACE OF DEATH:	A) County
Baltimore City, Maryland	(a) State (b) County
Street address 1200 Valley St.	(c) City or town
13 - 1 - institution	
Little Sisters of the Poor	Street No. 16 Sisters of Poor
	If rural give location)
Length of stay in hospital or inst. (yrs., mos., or days)	years
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
Jerome Ginter	MEDICAL CERTIFICATION
2 A Social Security Account	MEDICAL CERTIFICATION
h) If veteran, name war	20 DATE OF DEATH NOV. 12, 1939 19 CARCO M
Single married, widowed, o	. I had a shove stated; that lattend-
divorced.	1937 10 / 1937
Male White Single	and that I last saw have alive on Nov. 11 19 35.
b) Name of husband or wife	1 Duration
6 c) If alive, give age	Immediate cause of death
Birth date of deceased (mo., day, yr)	10 with
AGE: Years Months Days If less than one day	Cistorio - Schrosio 10 yrs
AGE: Tears Mil	Due to what we
80 nr.	Due 10 Edema of Lungs 1 day
Birthplace Bellt TOT County, and state)	Due to Ealma of aungs
Tahorer	
Leual Occupation	Other Conditions
Industry or business Francis Cinter	PHYSICIAN
12. Name	(Include pregnancy within 3 months of death) Underline the
	major findings.
13 Birthplace ?	Of operations death should be
14. Maiden Name Sarah Kaggers	charged statis-
7	Of autopsy .
15. Birthplace	00222. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
b Address Vallay St.	(b) Date of occurrence
1 D-14 11 -14-39	William did injury occur)
(Rurial cremation, or removal) (month) (day) (ye	(City or town) (County) (State)
Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public While at work?
Fredk Ko	place? (Specify type of place)
Location Rita Wie efeld	
8 a Funeral director	(e) Means of injury & Gill Hall
(b) Address 914 Greenmount Ave	Address 16318 north av Date signed nul 13-3
	Address 163/2. Noul W Date signed W'S
19 (a) Registrar	

NT /81

Rechere 62854

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	a State M. County	
Street address Backum, md	Butimore	
Hospital or institution  Johns 1 to flows 1 to find	City or town  (If maids the or town limits write RURA  (If rural give location)	L and give town
The state of the s	Street No If rural give location	
Length of eray in hospital or inst. yrs., mos., or days	Ye It foreign born, how long in U.S.A.	years
Length of stay in Baltimore yis mos. or days 37 years	Total Marian Sanah	
a) FULL NAME Payment Stream		
b) If veteran, name war 3 (2 Social Scurity Accoun	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH	
Sex 5 Color or race 6 Single, married, widowed, o	21. IHEREBY CERTIFY, That I took charge of the re	m the evidence
Name of husband or wife mangut Scott Stre	obtained by said  Autoper Impairy  to the death on the day stated above	deceased came
Birth date of deceased (mo. day yr.)	Immediate cause of death	Duration
AGE Years Months Days If less than one day		
Buthplace Verginia	Due to 2 ml dyna burns	
1 Usual Occuption Spanows - point 1	Due to	
Industry or business Jacob	Other Conditions	_
12 Name Frank Stream		PHYSICIAN
13. Birthplace	(Include regime y within months of death)	
14. Maiden Name not home	Major findings	Under ine the
TE Bushalan	Of operations	death heald b
of Internant margint Scott Stream wife	Of autopsy	tically
to la latornam margin, Just wife	• 22. If death was due to external causes, fill in the	following
1 Address 285. Caroline st Wife	Accident suicide, or homicide	sun's
Date thereof insuth the	ar) Date of occurrence	
and a complete but ( alex up	(c) Where did injury occur? (C) or t (n) (C) (d) Did injury occur about home, on farm, industri	al place, in publ
	place? John While at w	ork?
18 la funeral director & hoy o wood	Manual mury askey & what and	lamp.
MAddies 1000 Blantley ave	23. Signature of Medical Exami	M.I
19 (a) Registrary	Date signed 11-11-29	The Aires

7 - Registered No.

PLACE OF DIATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	Assessmine Med (b) County signi	
913 Jarrion	12015	
Hospital or institution:	(c) City or town	I andiversity
Prospiral of Mathematics.	The state of the s	481
	Street No	1
Length of stay in hospital or inst. (yrs. mos., or days)		
Length of stay in Baltimore yes mos, or days	(e) If foreign born, how long in U. S. A.?	year
a) FULL NAME /// // Skee		1/
- may g	MEDICAL CERTIFICATION	. 60
(b) If veteran, name war 3 of Social Security Account		9 8 Py
No. nove	20. DATE OF DEATH // -/ 0 19	, M VM
Sex   5. Color or race   6 (a) Single, married, widowed, of divorced.	11/1 30 11/1	ed; that lattend-
t ed marrier	ed deceased from	20
(b) Name of husband or wife f. Chr.	and that I last saw har alive on	
6 (e) If alive, give age year	Immediate course at death	Duration
Birth date of deceased ( Tho., day, yr.) (OCT. 16, 18	Polar Malera Par.	Hatay
AGE: Years   Months   Days   If less than one day	X I pag at VI	1
5-3 24 hr. mir	Due to	• • • • • • • • • • • • • • • • • • • •
Tred A		
Birthplace (Hewn country, and state)	Due to	
0. Usual Occupation House Company		
I. Industry or business	Other Conditions	DUVELCIAM
12. Name Delo Camputel	(Include pregnancy within 3 months of death)	PHYSICIAN
Tann.	Major findings:	Underline the
13. Birthplace	Of operations	death should be
14. Maiden Namo fille		charged statis-
15. Birthplace	Of autopsy	fellowing.
6 (a) Informant John Sper	22. If death was due to external causes, fill in the	rollowing:
b) Address 1915 Odinash	(a) Accident, suicide, or homicide	
11212	(b) Date of occurrence	00000000
7 (a) Date thereof (month) color over		ounty) (State)
(c) Cemetery or crematory Allumines	(d) Did injury occur about home, on farm, industri	al place, in public
0,1,0	place? While at w	ork?
Location & J. Kels	(Specify type of place)	
(8 (a) Funeral director	(e) Means of injury 3 n Adele	<u> </u>
(b) Address / O C C C	23 Signature	TO Y DI
19 (a) Registral	Address Date	igned /
(Date me'd by melatrar)		' /

147

F 62856 Registered No.

CERTIFICATE		
PLACE OF DEATH: Baltimore City, Maryland Street address ///6 Low Lt. Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City of town  (lf outside city or flown limits, white RURA  (d) Street No. /// (lf rural give location)	
Length of stay in Balt more (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
a) FULL NAME WILHELMINA L  (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH how 8th 1939	. at 9 15 M
Sex 5. Color or race 6 a Single, married, widowed, or divorced.  (b) Name of husband or wife 6 c) If alive, give age years.	21. IHEREBY CERTIFY, That Itook charge of the re above, held an (Autopay of Inday) thereon and from (Autopay of Inday)	mains described om the evidence
Birth date of deceased (no., day, yr agest 6, 192;  AGE: Years Months Days 19 less than one day  hr min.  Birthplace Wash A. C.	Immediate cause of death  Permesons vounting  pregnancy  Due to	Duration
B. Usual Occupation of melalic	Due to	
12. Name Villiam Church  13. Birthplace A C.  14. Maiden Name Augusta Lawron  15. Birthplace	Other Conditions  (Include 17 knan y within 3 months of death)  Major findings: Of operations  Of autopsy	PHYSICIAN  Underline the white death should charged statiutically
6 le Informant  Address  Date thereof 11/13/39  To Date thereof 11/13/39  Cemetery or crematory Mt. Calvary Cen.	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (d) Did injury occur about home, on farin, industry	ounty) (State)
18 (a) Funeral director Dought D. Stekas (b) Address 1904 n. Central all  19 (a) Registrar	place? (Specify type of place)  (e) Means of injury  23. Signature H L Wollemwell  Date signed how 914, (535)	m. M.

BALTIMORE CITY HEALTH DEPARTMENT! CERTIFICATE OF DEATH / 9 H 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH Battmore City, Maryland 3521 9. Soubord St Hospital or institution Length of stay in bospital or inst. vrs. mos., or days years le If foreign born, how long in U. S. A.? Length of stay in Bultimore lyrs mis, or days MEDICAL CERTIFICATION 20. DATE OF DEATH franculus /21937, at 21. IHEREBY CERTIFY, That Itook charge of the remains described 6 1) Single, married, widowed, or above, held an Multiply thereon and from the evidence find that said deceased came I Name of husband or white white a umphilos obtained by said (Autopsy or Inquir) when death on the day stated above. b c If alive, give age Duration Birth date of deceased mo, day, yr UVAS 1. Immediate cause of death Wless than one day mary orchesele O. Urua Occupation & The 1V Industry or bus ness Other Conditions PHYSICIAN (Include programs within 3 months of death Underline the Major findings: cause to which death should be Or operations charged status-15. Birthplace Of autopsy 22. It death was due to external causes, fill in the following a Accident, suicide, or homicide Date of occurrence Where did injury occur? (Ct or town! (County) d Did mjury occur about home, on farm, industrial place, in public Cemetery of crematory of Wird While at work? Sweife type filme Means of injury 23. Signature 12 Date signed // Registrar The rest of Karner

V8 6

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Balumore City, Maryland Street added 2 rack way burnered	State State b County	
Street added was week fourment of	(c) City or town Sull mits write RURA	Land give town)
Hospital or institution:	(If out ide city of fown limits, with	1
Thens washing torsular	Street No. 441 Slowers	1
Length of stay in hospital or inst. yrs., mok, or days		years
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	, +
OFILL NAME TALAMA ODOWELL		
a FULL NAME EMMARPOWELL	MEDICAL CERTIFICATION	
b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH hovember 11 19 39	1. AL 2 P.M
he No. hohe	20. DATE OF DEATH 1 CO ACCOUNTS (1) TO ACCOUNT (1)	mains described
Sex 5 Color of race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the re above, held an traging thereon and from	om the evidence
may your Marino	THE PERSON OF PERSONS ASSESSED.	
(b) Name of husband or with a 22 of Vore give age years	I have by and by granter find that said	decensed came
6 c) Name of husband to 6 c) Naive, give age years	to hardeath on the day stated above.	
Birth date of deceased mo . day , yr Copy 18 18 80		Duretion
I less than one day	Immediate cause of death	1044
AGE: Years Months Days hr. min	anewysin of thoracia	- 0
Maland	D Ambula	lan
Birthplace (Town, county, and sait)	Due to supplules	kum.
	D.	
	Due to	
1. Industry or business	Od Car ditions	_
12 Named 1100 Tous 1/10	Other Conditions	PHYSICIAN
13 Birthplace out 12 town	(Include) regnancy within 3 months of death	
	Major findings:	Underline the
14 Maiden Name Mothmon Stower	Of operations	death should be
15 Bulplace Lyon		charged statis
6 a latormapour V. Jo Convis	Of autopsy	-
	22. It death was die to external causes, fill in the	
111424	(a) Accident, suicide, or homicide	
No. Mal (day) (year	) (b) Date of occurrence	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur? (City or town)	nunty) (State
Cemetery or cremators of the state of the st	d Did injury occur about home, on farm, industri	al place, in publi
Location villen & well mill	place? (Specifs type of place) While at w	VOTK?
18 (a) Funeral director / LUNAM	(specify type place)	
(b) Address 1217 of (Toucof)	22 Signature ) & Le reconnection	M.I
THE RESERVE THE PROPERTY OF THE PARTY OF THE	Date signed har 134,133	
19 (a) Registrar	Date signed	

23 Registered No......

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State M (b) County	
Street address Balto, City Hospitals	(c) City or town Balto.	L and give town
Hospital or institution:	(II outside City of	and give orwis)
	Street No. 538 W. Hoffmen St.	
Length of stay in hospital or inst. (yrs., mos., or days) 2 da.		
13 170	(e) If foreign born, how long in U.S.A.?	. years
Length of stay in Baltimore (yra., mos., or days) 13 yrs.		1/
a) FULL NAME Luther Howard	(49991)	
Luther noweru	MEDICAL CERTIFICATION	
b) If veteran, name war No.219-05-4888		9 . at 6:15 AM
6 (a) Single, married, widowed, or	20. DATE OF BEATT STATE And at a shove ata	ted: that lattend-
divorced Single	November 919 39 to Nov	V. 11119 05.
July 2 V	and that I last saw h im alive on Nov. 11,	19 39
b) Name of husband or wife	Immediate cause of death	Duration
6 (c) If alive, give age years	Immediate cause of death	mus
Birth date of deceased (mo., day, yr.) March 11, 1919		1959
AGE: Years Months Days If less than one day	Due to	-/-
80 8 hr. min.	Duc to	
N Com	Due to	
(Town, county, and state)		-
Usual Occupation Leundry Worker	Other Conditions	
1. Industry or business		PHYSICIAN
Walliam Howerd (D)	(Include pregnancy within 3 months of death)	
12. Name	Major findings:	Underline the
13. Birthplace Mass.	Of operations	death should be
14. Maiden Name Elizabeth Simon	no	charged statis- tically.
15. Birthplace N. Car.	Of autopsy No.	
The and a	22. If death was due to external causes, fill in the	
6 (a) Informant Hospital Records	(a) Accident, suicide, or homicide	
(b) Address (b) Date thereof //- 14- 39	(b) Date of occurrence	
7 (a Date thereof (month) (day) (year)	(c) Where did injury occur? (City or town)	County) (State)
Hurial, cremation, or removal)	(d) Did injury occur about home, on farm, industr	nal place, in publ
(c) Cemetery or crematory	while at v	work?
Location C. C. Grande Age	(Specify type of	
18 (a) Funeral director Muly and Journal	(e) Means of injury	
(b) Address 9/6 Permal are	23. Signature	M. D.
10/10/ 0 1000 (b) 4 6 Hardetrar	Address Balto. City HospitalsDate	signed II-9-2
(Date roo'd by wentrar		

BALTIMORE CITY HEALTH DEPARTMENT 12 PROGISTERED No. CERTIFICATE OF DEATH F 62860 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (a) State Md (b) County Street address Green & Thedwood Baltimore City, Maryland (c) City or 19wn Ballmore (If outside city or town limits, write RURAL and give town) University Hospital Length of stay in Fospital or inst. (yh., thus., or days) 18km (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore yis., mos., or days) Wonderoth a FULL NAME MEDICAL CERTIFICATION 11-10 1939 at 415 M Nancy 3 c Social Security Account b) If veteran, name war 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattend-5. Color or race 6 (a) Single, married, widowed, or divorced ed deceased from 11-10 1939, to 11-10 1939 19 39 and that I last saw h Er alive on 11-10 h Name of husband or wife Duration Immediate cause of death obstruction 6 c If alive, give age 36km Birth date of deceased ino day, yt April 1989 20 If less than one day Due to Post operative adhesions, AGE: Yenis Maptha Dave partial poloule herria Birthplace Balls, Ind. sty and state) 1. Usual Occupation Infant Other Conditions . Industry or business 12. Name Calvin Wonderolls PHYSICIAN trobale regrees with 2 ments of death Underline the Major findings: SEE above 13. Birthplace Balle. Mrd. sties to which teath should be 14 Maiden Name Beatnes Burman barged statis-Of autopsy 15 Berthplace Balton Ins. 22. If death was due to external causes, fill in the following: 6 (a) Informant MA. Calinis Henderott. (a) Accident, ameride, or ho meride 1 Address 327 7. 30 d 16 h Date of occurrence 1 Date thereof No 13, 1939 c Where did injury occur? 7 1 Quinal Chy riwni County) d Did injury occur about home, on farm, industrial place, in public (e) Cemetery or cremator Prospect Kill, Jourson (Specify type of place) While at work? Location york Rd. place? 18 (a) Funeral directo many n. Widelle 23. Signature Stephen LEE Hagness S. D. Address University Scriptal Date signed/1-10-39 (9 (a) The road by resintant Registrar

### CERTIFICATE OF DEATH | 86 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	0111	& Cety
Baltimore City, Maryland		e buy
Street address	(c) City or town (If out of City or tage light Street RYRAI	
Hospital or institution:	(If out of city or to a liquity brite RYRAI	and give town)
Baltimore City Hospital	1 2 No. 1704 Schures	1/1
Length of stay in hospital or inst. yrs., mos., or days	(e) If foreign born, how long in U. S. A.? 55	years
Length of stay in Baltimore (yrs., mos., or days) 55 yr	If foreign born, now long in C. S. A.	
a FULL NAME GEORGE EARNE	ST ERNEST	
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	. 15
W No.	20. DATE OF DEATH how 11241 1937	, at 5 a.M
Sex 5 Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the ren	nains described
dwaren A	above, held an Rulofrey thereon and from	
M white and Madowa	(Autopsy of Hopery)	
(b) Name of husband or wife Oliay, Erness	obtained by said ante fry find that said	deceased came
6 c If alive, give age years	to haideath on the day stated above.	
Birth date of deceased (mo., day, yr.) March 22, 1874	to Mandeath on the day stated above.	
	Immediate cause of death	Duration
702	Caronary acclusion	
60 7 20 hr. min		-
O. Usual Occupation Painter & Decorator	Due to arteriorderons	-
	general	
O. Usual Occupation Painter & De Coralor	Due to	
1 Industry or business?		
Linea Tarent	Other Conditions Fractions	
	1st lambor verleiting	PHYSICIAN
13 Birthplace Ilmique.	(Include program y with a 3 month of death)	PHISICIAN
14 Maiden Name & Leresa Marles	Major findings	Und rline th
Marian Palla	Of operations	d ath should be
15 Birthplace Ilmany 1	1.1.00	charged stati-
16 (a) Informant Miss & Sullanding of Not	10 O Morey	I tienlly
	22. If death was due to external causes, fill in the fo	ollowing
Macis M	22. If death was due to external causes, in in the in the in the in the interpolation of the	~ 1
17 Date thereof (100 1) (year)	h Date of occurrence . At 1864, 1879	A1 1 10 Am
gnx a lues	(c) Where did injury occur) 3/1 buffeld	2
(c) Cemetery or crossory	(%) Did injury occur about home, on farm, industrial	place, in public
Location Ballo Mich	be to have to While at we	rk) yes
CI OK MINING & MAN	place? painting house While at wo (Specify the or place)  Means of injury Fall from lade	0
18 (a) Funeral director (1) The factor of the last	Means of injury fall from lade	
b) Address / 400-0 2/10 Marie V	23. Signature A L Wedical Examin	M.D.
19 (a) (b) If	Date signed how 12 ch, (5)	
Da e re the registrar . Registrar	to the second	مر

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V



Registered No. 862

	A DECEMBER
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	(a) State (b) County
Street address 2903 Arlington the	(c) City of Jwn
Hospital or institution:	(If outside ity or town limit, write RURAL and give town)
	A) Street Now 9 & Walking 1 12
Length of stay in hospital or inst. yrs., mos., or days	If rural give location)
Length of stay in Baltimore yra., mos., or daya)	(e) If foreign born, how long in U. S. A.?
FULL NAME	
week trosur arrow	MEDICAL CERTIFICATION
(b) If veteran, name war 3 (c) Social Security Account	1/11 .29 9 84
No.	
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattend-
Nale Worked Sugle	ed deceased from // 1939. to ///4 1939.
(b) Name of husband or wife	Immediate cause of death Ortered - Seles Couration
6 (c) If alive, give age years	Immediate cause of death Concess followers to the state of the second of
Birth date of deceased mo, day, yr ) hor -5 -18 6 6	The period of the second
AGE: Years Months Days If less than one day	Due to
74 — 6 hr. min.	
Birthplace Daltimore Mary and	Due to
O. Usual Occupation & week - Carroll Bros. Co	911 11 11
1. Industry or business Drus Las + Brooms	Other Conditions Types - Kaler Free Presician
12. Name & inclair S Carroll	Include pregnancy within 8 months of death)
12. 141111	Major findings: In con & Underline the
TO DIEGO TO THE PARTY OF THE PA	Of operations cause to which death he sld be
14, Maiden Name Emply W Tute	Of autopsy Port   harged statistically.
15. Birthplace Baltus in me	Of autopsy Tuesday
6 a Informant William S. Carroll	22. If death was due to external causes, fill in the following:
1) Address 903 Unlineaton Out.	(a) Accident, suicide, or homicide
17 a Junal 11 Date thereof how 14-1939	(c) Where did injury occur? (its or town) (County) (State)
(Iturial cremation, or removal)	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory and arke tem	While at work?
Location Saltunore mon	place) Specify type of place)
18 (a) Funeral director Charles J. Black	(e) Means of injury // Carel LowCery
(1) Address 7 + 2 W north ave.	23. Signature My M. Dy
19 (a) (b) \$ 1 Partitions	Address 5103 Har ford the signed 11 for
(Date rec'd by regristrar) Registrar	//3
tol de d. 133118	

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. (If death occurred in a hospital or institution, give its NAME instead 1. PLACE OF DEATH of street and number. long in U. S. If of foreign birth . yrs. mos. , ds. TITY OF BALTIMORE: (No. II U.S. Veterso specify WAR .... ength of rememe it Other (If non-resident vive city or town and State Ward. 2. FULL NAME MEDICAL CERTIFICATE OF DEATH (a) Residence: 2). DATE OF DEATH (month, day, year) Not 10 PERSONAL AND STATISTICAL PART CERTIFY, That I attended deceased from 5 Single, Married, Widowed. or Divered (write the word) HEREHY Nor 10 4 ( or er ...ar KEN . 1937 Death is said to have occurred on the date stated above, at 1:304 m. m rred widowal HISBAND of The principal rause of death and related rauses of Will, of Date of enset DATE OF HIRTH much If UESS than 1 day. hrs. Years. AGE min in a profe no pertuir sauve, buokkeeper, etc. Other contributory causes of importance. 2 In ustry or besire s in which work was dure, wilk mill, 11. Total time (years) saw mill, bank, ste 1 Pate deceased last worked at spent in this this occupation (morth and occupation Was an operation performed 3 4920 1 BIRTHPLACE (city or town) for what disease or import? State or country) Was there an autorey " 23. If death was due to e terral sauses (violence) fill in also the fal-14. BERTHPLACE (C) A cidon's slicide, or h minde? State or country Where dot injury occur. (Specify city or town, county, and State). Specify whether injury occurred in industry, in home, or in public I MAIDEN NAME 16. BERTHPLACE (city or town) effects or country t place Manner of injury 24. Was discuss or injury in any way related to occupation of deceased Memistrat TALED.

# CERTIFICATE OF DEATH 5 Registered No.

DI ACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:    Baltimore City, Maryland	(a) State Baltimore (b) County
Street address Wyman Park Trive and 31st St. Hospital or institution:	(c) City or town Baltimore, Lar land outside city or town limits, write RURAL and give town
U. S. Marine Hospital, Baltimore, Md.  1 Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.	2449 McCullough Street
Length of stay in Baltimore (yrs., mos., or days) 35 years	(e) If foreign born, how long in U. S. A.? years
(a) FULL NAME William L. Thomas	
(b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION PM  20. DATE OF DEATH NOV. 10, 19 39, at 10:05 M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above stated; that lattended deceased from July 12, 19 39 to 10 va 10, 19 39 and that I last saw h 1m alive on 10, 19 39.
B Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death Carcinoma of Duration bladder with extension through-
Birth date of deceased (mo, day, yr April 28, 1893 AGE: Years Months Days If less than one day 46 4 12 hr. min.	out left pubic bone  Due to
Birthplace Gloucester, Virginia  Tawa county, and state)  O Heural Occupation Butler	Due to
I Industry or business Domestic Service	Other Conditions
12. Name Moses Thomas 13. Birthplace Williamsburg, Va.	Major findings: Of operations Internal and external
14 Maiden Name Mary Sockett  15 Birthplace Williamsbur, Va.	friable turor ulcerated in reinance at the Of autopsy Carcinoma of bladder
16 a Informat Records-U. S. Marine Hospital	(b) Date of occurrence (c) Where did injury occur?  (c) City or town) (County) (State)
19 (a) Bala rec'd by rescistrar (b) Bestetrar	Address U. S. Marine HoroitalDate signed 11/13/

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

	F	62865	
-4	Registe	red No	

E OF BEATT	
	12174 - 13
d) Street No. 1016 talky St (If tural give location)	
(e) If foreign born, how long in U. S. A.) Acts.	Yeare years
TON.	
1939.	at Bul A.M
21. I certify that death occurred on the date and that I last saw him alive on how it is	
Due to	
Major findings:  Of operations	PHYSICIAN  Underline the cause to which death should be charged statis
22. If death was due to external caucas.  (a) Accident, suicide, or homicide.  (b) Date of occurrence	
(d) Did injury occur about home, on farm, industry  place? (Specify t) pe of place)  (e) Means of injury Im m. While at v	al place, in publ
	2. USUAL RESIDENCE OF DECEASED:  (a) State dary (a) (b) County  (c) City or town  (d) Street No. Solds man  (e) If foreign born, how long in U. S. A. A cuts  (e) If foreign born, how long in U. S. A. A cuts  MEDICAL CERTIFICATION  20. DATE OF DEATH here. 12 19 39.  21. I certify that death occurred on the date above state ed deceased from and that I last saw here alive on the state of the sta

#### BALTIMORE CITY HEALTH DEPARTMENT

	VF. 62566
16	
2	Registered No

CERTIFICATE	
PLACE OF DEATH: Baltimore City, Maryland  Street address 4940 Eastern Avenue Hospital or institution: Baltimore City Hospitals  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Life	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) Sity of town  Baltimore (If outside city or town limits, write RURAL and give town)  1528 N. Stricker Street  (If rural give location)  (e) If foreign born, how long in U. S. A.)  years
b) If veteran, name war    3 (c) Social Security Account   No.   5. Color or race   6 (a) Single, married, widowed, or   Colored divorced   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH //- 1939, at 8.42 M  21. I certify that death occurred on the date above stated; that lattended deceased from //- 1939, to //- 2039
(b) Name of husband or wife  6 (c) If alive, give age years  Birth date of deceased (mo., day, yr.) 11/6/39  AGE: Years Months Days If less than one day 6 hr. min.  Birthplace Maryland (Town, county, and state) (Infant)	and that I last saw hamalive on 11-6 19 3 7.  Immediate cause of death  Due to  Other Conditions  PHYSICIAN
12. Name Randolph 13. Birthplace Maryland Christine Talbert	(Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  Of autopsy
Maryland  15. Birthplace  6 (a) Informant  (b) Address Faltimore City Hospitals  7 (a) Curation (b) Date thereof 11-9-3 (month) (day) (year)  (Burisi, cremation, or removal)  (c) Cemetery or crematory Curation  B (c) Funeral director  (b) Address  19 (a) Date rec'd by segistrar  (b)  Registrar	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address  Address  Date signed 11-7-

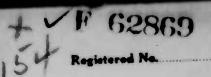
13-05-3052	T-CITY OF BALTIMORE F 62867
HEALTH DEPARTMENT	
1	E OF DEATH  Registered No
1. PLACE OF DEATH	y St Ward)  a hospital or institution, give its NAME instead of street and number.
CITY OF BALTIMORE: (No. 18 18 18 18 18 18 18 18 18 18 18 18 18	How long in U. S. It of foreign birth? yra mon da.
	nich opecify WAR
1816 M- Kinny	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICS.  5. Single, Married, Will wed, or Div ced (write the ord)	21. DATE OF DEATH (month, day, year) 17. 1939 22. I HEREBY CERTIFY, That I attended deceased from
rale White married	mr 8 19.39, ta mor /
Ba. If married widows of Bloums Byrtish	I last saw hArm allve on 10 19 35 Denth is said to have occurred on the date stated above, at
6. DATE OF BIRTH (menth, day, year) Est. 26 - 1816	The principal cause of death and related causes of Date of oract
AGE Years Months Days It Less than 1 day, hre.	
Z Trade profession, or particular Bush hales	
sawyer, buckkeeper, etc.	Other contributory causes of importance:
Saw mill, bank, et   11. 2 tal time (year)   11. 1 te dece sed inst worked at   11. 2 tal time (year)	
Betterner !	Was an operation performed and Date of Capacity
12. BIRTHPLACE (sety or town)	For what disease or injury La war atom
Baltimine /	What test confirmed diarross " Was there an autopsy? 200
It. HIRTHPLACE toks or town) Sales Mr.	What test confirmed diagrams (violence) fill in also the following:  Accident, which or benieve?  Accident, which or benieve?  Accident, which or benieve?
15. MAIDEN NAME mary how. Livering	The state of the s
16. BIRTHPLACE (eity of teas) Bullimon	Specify whether it has a curred in industry, in home, or in public
IE INFORMANTIME. Elnense Sormich	Manner of injury
THE RESIDENCE OF MOVAL THOUSE IN THE RESIDENCE OF THE PROPERTY	34 Noture of injury
International plants	24. Was disease or latery in any way related to occupation of deceased
IN INDERTAKER Giorge L. Service ave.	(Signed) what Scagneth M. I.
20. 11LED Registr	(Address) / L

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BH-G Registered No.

F462868

PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County
Street address 4940 Eastern Avenue Hospital or institution: BaltimoreCity Hospitals	(c) City or them Baltimore Uf outside city or town limits, write RURAL and give town)
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  L	1 mo (If rural give location)  1 fe (e) If foreign born, how long in U. S. A.?
a) FULL NAME Alfred Mason	V
(b) If veteran, name war 3 (c) Social Security A	20. DATE OF DEATH [ 1 19 = 4. at [ ] 4. M
Sex 5. Color or race 6 (a) Single, married, wido  Color deorced. Marri	ed ed deceased from 10 9 19.39, to 11-11 19.39.
(b) Name of husband or wife Sallie 6 (c) If alive, give age	years Inmediate cause of death Duration
Birth date of deceased (mo., day, yr.) 5/25/1882  AGE: Years Montha Days If less than one 57 5 16 hr.	10 to all of the min order
Birthplace Maryland  Waiter  O. Usual Occupation  I. Industry or business Unemployed	Other Conditions
12. Name Albert Mason 13. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings:  Of operations  PHYSICIAN  Underline the cause to which
14 Maiden Name Laura Banks 15 Birthplace Maryland	Of autopsy NO death should be charged statistically.
6 (a) Informant Records (b) Address Baltimore City Hospitals	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
(a) Burial (Burial, cremation, or removal)  (b) Cemetery or crematory (Constitution)  Location (Constitution)  (a) Funeral director (Constitution)  (b) Address (Constitution)  (c) Cemetery or crematory (Constitution)  (d) Location (Constitution)  (e) Date rec'd by registrar (Constitution)  (f) Res	(c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  Address  Address  (City or town) (County) (State)  (City or town) (County) (State)  (Author town) (County) (State)

#### BALTIMORE CITY HEALTH DEPARTMENT



62869 CERTIFICATE OF DEATH				
	2	. USUAL RESIDENCE OF DECEASED:		
PLACE OF DEATH:		See Md A (b) County I all		
Baltimore City, Maryland				
Street address		city or town & uthersulle	and give town)	
Hospital or institution:	DANTER BIRCHTEL	17 . 00 mg a live		
20083 0		Street No. Bellona live		
Length of atay in hospital or inst. (yr	mos., or days			
Length of atty in notifice	andawa)	(e) If foreign born, how long in U. S. A.?	yean	
Length of stay in Baltimore (yrs., mo	O Control of Caryon			
a) FULL NAME	Betty U	MEDICAL CERTIFICATION		
3	(c) Social Security Account	74-1 10 1039	1. 14 25 M	
(b) If Veteran, name No		20. DATE OF DEATH 700 . 10 1939	Laboralouand	
Sex   5. Color or race   6 (a) S	ingle, married, widowed, or	21. I certify that death occurred on the date above state ed deceased from 1939, to Nor	10 1939	
Sex Sex divorce	d. Single	ed deceased from 1007. 19 10 10	39	
unale lakala		and that I last saw her alive on Hor. 10 19		
(b) Name of husband or wife	f alive, give age years	Immediate passe of death	Duration 5 da	
	7	Staphylowow Dymon	7.	
Birth date of deceased (mo., day, yr.)	If less than one day	2: 4		
AGE: Years Months Days	If less than one day	Due to A. T. Alrohia	I day.	
4 3 100	hr. min.	Oblemythen my		
ma	A	Due to	-	
Birthplace (Town, c	ounty, and state)			
0. Usual Occupation		Other Conditions		
1 1-dustry or husiness	1		PHYSICIAN	
12 Name William	adams	(Include pregnancy within 8 months of death)	Underline the	
12.7.4.4		Major findings:	eause to which	
		Of operations	death should be charged statis	
14. Maiden Name Mary	June	04	tically.	
15. Birthplace Va	V	Of autopsy  22. If death was due to external causes, fill in the	following:	
Do A A	rds.	22. If death was due to external caused in		
16 (a) Informant	DPKUES HOSPITAL	(a) Accident, suicide, or homicide	******	
(b) Address	. 11/13/39	(b) Date of occurrence		
17 (a) Burne (b Di	ate thereof (month) (day (year)	(c) Where did injury occur? (City or town) (Co	unty) (State)	
(Burial, cremation, or removal)	easant here	(d) Did injury occur about home, on farm, industri-	ork)	
(c) Cemetery of crematory	ma	place? (Specify type of place)	Orki	
Location	yea & Holland		*** ** **** *****	
18 (a) Funeral director	DH: 10are	Means of injury & Sollars	4 pl	
(b) Address / 63/ 4/1111	A March 100, 1	23. Signature House	11/10/3	
15 (1/ 4 0 400 A)	Registrar	Address VIIII 179 Miles	The state of the s	
19 (a) (Date ree'd by registrar)	Regurat	<del></del>		

HEALTH DEPARTMENT—CITY OF BALTIMOREGES CERTIFICATE OF DEATH Registered No .... West Balto CITY OF BALTIMORE: (No. St., Ward)

St., Ward)

St., Ward)

Ward)

St., Ward) 2. FULL NAME Lan (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 103 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) attended HEREBY CERTIFX. 1239 Death is said . If married w dowed, or HUSBAND of to have occurred on the date stated above, at 5 (or) WIFE The principal cause of death and related causes of DATE OF BIRTH (month, day, year) Date of anest Importance were as follows: If LESS than Days Months Years AGE. 1 day ......hra. min. 8. Trade, profession, or particular kind of work done, as spinner, anwyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill, Other cont saw mill, bank, etc. 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and occupation Was an operation performed?. 12. HIRTHPLACE (city or town) (State or country) For what disease or injury? Name of operation. 12. NAME .Was there an autopsy! What test confirmed diagnosis?. 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town) (State or country) lowing: Date of injury\_\_\_\_ Accident, suicide, or homicide?..... 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (State or country) place 17. INFORMANT Manner of injury. (Address) 18. BURIAL, CREMATION, OR Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) (Signed). (Address) Registrar. 20. FILED

Nathan Yuckman 62871 HEALTH DEPARTMENT	T-CITY OF BALTIMORE 62871
	TE OF DEATH Social Security
1. PLACE OF DEATH Quai Hospe	tal 212 Registered No.
CITY OF BALTIMORE: (No. Balto:	St. Ward) a hospital or institution, give its NAME instead
anyth of residence in they to their tacks the	mon low lower in U. S. If of foreign births of mon da.
2. FULL NAME Malhon Sucker	20
(a) Residence: No. 22/2 E. Fayette	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4, Color of Race 5, Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1/13/3 719  22. 1 HEREBY CERTIFY, That 1 peterolest decensed from
a. If married widowed, or divorced	10/31/3°7 . 19 . to deal . 19 . 19 . 19 . 19 . 19 . 19 . 19 . 1
(or) WIFE of	I last saw h. 12 slive on. 193 Death is said to have occurred on the date stated above, at 12:36.
DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of
, AGE Years Months Days if LESS than I day, hre.	Importance were as follows:    Duto of once!
> trade profession, or particular wind of work done, as spinner.	Benin disease
nawyer, bookkeeper, etc  5. Industry or business in which work was done, as silk mill,	Hyperhophy.
in, linte deceased last worked at   11, Total time (years)	Other contributory causes of imposence:
this occupation (month and spent in this occupation	Arlenoscheronis
2. BIRTHFI ACE (city or town) Quisasi	Was an operation performed. WO Date of
13. NAME Not frown	For what disease or injury?
14. HIRTHPLACE (city or town) Running	Name of operation  What test confirmed disgnosis . Was there an autopsy . No.
	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Hussey  (State or country)	Where did injury occur? (Specify city or town, county, and State)
E INTORMANT Hosph. Perosla.	Specify whether injury occurred in industry, in home, or in public
(Address)	Manner of injury.
Piece ( CREMATION, OR REMOVAL THE U/13/39 10	Nature of injury
15. INDERTAKER Jours Just Balto St.	24. Was disease or injury in any way related to occupating of deceased?  If m. forty forty forty to the file of the property o
26. 1 11. 8 D Redstrar.	(Signed) In a go opplia

VS 6

## CERTIFICATE OF DEATH



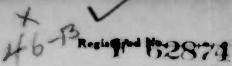
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State had (b) County	
Street address Hospital or institution:	City or town Balance	L and give town)
to the control of the tol		
Beltimore City Hospital	21 Streets. anchorage Hotel	
Length of stay in hospital or inst. yrs, mos, or days	e If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., nios., or days)	it foreign both, now long to a	
(a) FULL NAME MANUEL HERRER	A	
La County Account	MEDICAL CERTIFICATION	10
The vertical state of the state	20. DATE OF DEATH hovember 3 1939	11/2 am
No.	20. DATE OF DEATH Movement	, 11( 2
Sex 5. Color or race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the rer	mains described
male white divorced	shove hold an autobers thereon and fro	m the evidence
The way	(Auton v or in 1901)	
(b) Name of husband or wife	obtained by said autops, find that said	deceased came
6 c If alive, give age years	(Autopay or Incoty)	
Lot 3	. Kee dooth on the day stated above	
Birth date of deceased mo, day, yr	Immediate cause of death	Duration
AGE: Years Months Days If less than one day	Immediate Cause of uearn	
	20 t 1 00	
47 hr min	Fracture shull	
(A)	Due to Washington	
). Birthplace Two county and state!	Unknown	
Birthplace (T. ws. consty. and state)		
10. Usual Occupation	Due to	
1. Industry or business	0, 0, 1	
	Other Conditions Chronic alcoholin	n
12. Name		PHYSICIAN
13. Birthplace	(Include pregnant) within morth of death	
×	Major findings:	Under ine the
14 Maid a Name	Of operations	cause to which
15. Birthplace		death should be
	Of autopsy as above	tically.
16 Informant	Citations,	following
Address \	22. If death was due to external causes, fill in the	*
	a Accident, suicide, or homicide acciden	6
17 Date thereof (month) (day) (year	hor 2 hd ///3	7
(month) (day) (year	(c) Where did injury occur) 1700 Blh 3le	et H, Cut
Cemetery or crematory	(City or tiwn) (Coty	inty (Stable
IDDVERSITY MEDICAL SCHOOL NICLY 1 3 1939	d Did injury occur about home, on farm, industria	piace, in public
Location	sidewolk While at wo	ork?
Commissioner of report	(Specify type of plan)  (Means of injury Drunke + struck or	dewalk
18 (a) Funeral director  Per H. A. Moore	Means of injury when the	
U, Address	22 Signature Id & Wollenwert	C- IVI.D
MOA TO MAN	Medical Examin	4.1
19 half registrar Registrar	Date signed how 3 rd/1725	
Climit its day in the second		

#### CERTIFICATE OF DEATH



(),0();	CERTIFICATI		
PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED: (a) State (b) County Breton	-
Baltimore City, Maryland		(a) State Mil (b) County	
Street address		(c) City flown Park town limits, write RURAL	-
Hospital or institution	flains Hospital	(If cutside city or town limits, write Rt'RAL	, and give town
Johns 14	frame is t	A Street No. (If rimal give location)	
I Length of day in hospital or			
Length of may in Baltimore		If foreign born, haw long in U.S.A.?	years
	rck Burdick		
	3 (c) Social Security Account	MEDICAL CERTIFICATION	
(b) If veteran, name war	No	20. DATE OF DEATH // 2- 1939	, at 2 554.M
Sex 5. Color or race	ti a Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the ren	nains described
Kale White	ilivorced	how held an autofor thereon and from	n the evalence
Male mare		(Anter yer Intery)	
Name of himband or wife		obtained by said and for the bury t	deceased came
	6 c If alive, give age years	to his death on the day stated above.	
Birth date of de cased mo	day, yr		Duration
AGE: Years Months I	Days If less than one day	Immediate cause of death	1
60+	hr min	Freetures Stevel	
11. Industry or business	B E	Due to  Due to  Other Combitions Correry as tesy Discourse	
12 Name	3		PHYSICIAN
Z 13 Bribplace	-	(taclude recentancy within 8 months of death)  Major findings:	t'nderline th
E 14 Mairien Name	a k	Of operations	ent e to which
15 Birthplace	1		death should be
	}	Of autopsy as above	tiently
16 (a) Informant	3	(11 - sh - 6	ollowing
(b) Address	<b>S</b>	22. If death was due to external causes, fit in the in	recident
17 (a)	1 Date thereof	Date of occurrence	
Bur al crematical or remo-		(e) Where did injury occur? County Butt	: Parketon
Cemetery or crematory	1000		nty) (State
	EDICAL SCHOOL NOV 13 1935	(d) Did injury occur about home, on larm, industrial	.10 ?
Camin	dissinger of Health	printer colonies to see of places at a see	
18 u Funeral director	the state of the s	(e) Means of injury Fee from boy lags	
hy Addres on anno	As a secondary	23. Signature Medical Examin	M.D
19 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T-11-	Die signed //- 2-/934	
The second secon	Registrar	The bigned	

#### BALTIMORE CITY HEALTH DEPARTMENT



02074 CERTIFICATI		
PLACE OF DEATH:  ) Baltimore City, Maryland  ) Street address  ) Hospital or institution:  () Length of stay in hospital or inst. (yrs., mos., or days) 2 1 246  ) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State MD: (b) County ST MAR  (c) City of lown. Me chanic S VIII e.  (lf outside city or town limits, write RURAL  Route-F.  (lf rural give location)  (e) If foreign born, how long in U. S. A.?	and give town)
(a) FULL NAME WILLIAM WOODLAN	ND MEDICAL CERTIFICATION	
(b) If veteran, name war Social Security Account No.	20. DATE OF DEATH NOV- 12 1939	.905 P
Sex Black Single, married, widowed, or divorced. MARRIED	21. I certify that death occurred on the date above states ed deceased from OCT 23 1939, to NO and that I last saw h 1 M alive on NOV 12 19	V-12.19.39.
(b) Name of husband or wife Alice 6 (c) If alive, give age years	Investigate come of death	Duration
. Birth date of deceased (mo., day, yr.) 9 - 6 - 71	Carcinomatorio	
AGE: Years Months Days If less than one day hr. min.	Due to Carcinoma of the Stomach	7
Birthplace (Town, county, and state)	Due to	
10. Usual Occupation FARM	Other Conditions neve.	
12. Name James WoodlAND  13. Birthplace MD	Major findings: Of operations Widespress Ca of	Underline the
14. Maiden Name SUSAN Fisher  15. Birthplace MD	Stomach & metastable. Of autopay more	death should be charged statis- tically.
16 (a) Informant Records	22. If death was due to external causes, fill in the fo	llowing:
17 (a) (b Date thereof 11/15/39 (Burial, cremation, or removal) (O)	(b) Date of occurrence (c) Where did injury occur? (City or town) (Cour	
Location De Locati	(d) Did injury occur about home, on farm, industrial place? While at wor	k)
18 (a) Funeral director 13 Volumen ma	(e) Means of injury Robert C. abrama	_,m.D
(b) Address  19 (c) Registrar	Address Johns Hopking Hoop Date sig	med 11 12 3

## GAR BEART BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1.	
54	Ryptor 62875
91	1 62010

62870 CER	TIFICATE OF DESIGNATION OF THE PROPERTY OF THE
LACE OF DEATH: Baltimore City, Maryland Street address Calvet + 33 Street Hospital or, institution: Mun Munuel Length of stay in hospital or inst. (yrs., mos., or death	del. 2927 Certinatar ave.
Length of stay in Baltimore (yrs., mos., or days)	4
of FULL NAME  Ridgely  Social Second	MEDICAL CERTIFICATION  1939, at 100 AN
Sex 5. Celor or race 6 (a) Single, married divorced.	d, widewed, or 21. I certify that death occurred to the date above stated; that I attend
b) Name of husband or wife ha R. Ga. 6 (c) If alive, tre a	ge years Immediate cause of death Deablie acides Dration
Birth date of deceased (mo., day, yr Age of AGE: Years Months Days If less the	Due to
Birthplace hay town, county, and sat	Due to
. Industry or business	Other Conditions leggetters submore  (Include pregnancy within 8 months of death)  PHYSICIAL
12. Name I lionas hafu 13. Birthplace Mol.	Major findings:  Of operations  Underline to white death should
14. Maiden Name Quine Prod.	Of autopsy Strept, Premonia charged state
a Informant Rend.	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
3 (b) Date thereof	(c) Where did injury occur? (County) (State
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in put place?  While at work?  (Specify type of place)
Location  S (a) Funeral director  S (a) Funeral director	The give (e) Means of injury les livered Chatain
(b) Address (b)	Registrar Address Una Musking Ity, Date signed 1/01/1.

BALTIMORE CITY HEALTH DEPARTMENT 43 Registered No. IF 62876

		WOLLD !
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Bakimore City, Maryland	(a) State ?'d. (b) County	
b) Street address 2031-Robb Street		
c) Hospital or institution:	(c) City or town Baltimore City (If outside city or town limits, write RURA	Ai. and give town)
	Street No. 2031 - Robb Street	
d Length of stay in hospital or inst. (yrs., mos., or days)	(If pural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days) 07-yrs.	(e) If foreign born, how long in U. S. A.?	- TS years
(a) FULL NAME Fred W. Westen		
3 (c) Social Security Account No. 212-10-4230	MEDICAL CERTIFICATION  20. DATE OF DEATH PARAMETER 11 1939	. at 2 10 AM
	21 I certify that death occurred on the date above stat	ted, that lattend-
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Erriou	ed decensed from/0 - 27 1939. 10//-	1/ 1937.
6 (b) Name of husband or wife Smms E. (Wright)	and that I last saw hall alive on 11-11	1939.
6 c) If alive, give age 60 years	the state of the s	Deration
7. Birth date of deceased mo., day, yr. 1'8 rch 6, 1871	Thronic my ocardetis	1 year
8. AGE: Yearn Months Days If less than one day	1	1
06 8 3 X2X X2 X min.	Due to	
		-
9. Birthplace London. England (Town, count), and state) 10. Usual Occupation Clothing Cutter of 11. Industry or business Hopkins Tailoring Co.	Due to	7 10 000
10. Usual Occupation Clothing Cutter &	Other Conditions Bronchiectasis	10 4/000
11. Industry or business HODKINE TELLOTINE CO.	Other Conditions # Own Church	103,000
12. Name Frank Joseph Westendorf	(Include pregnancy within 8 months of death)	PHYSICIAN
13 Birthplace Germany	Major findings:	Underline the
	Of operations	death should be
14. Maiden Name	Of autonov	harged sats-
15. Birthplace Germany	Of autopsy	
16 a Informant 'rs. Emma westendorf	22. If death was due to external causes, fill in the	The state of the s
(1) Address 2031-Roth Street	(a) Accident, spicide, or homicide	
17 a Burisl 6 Date thereof 11/14/39	(b) Date of occurrence (c) Where did injury occur?	
(Burial, cremation, or removal)	(City or town) (Co	ounty) (State)
(c) Cemetery or crematory Croland Park Cem.	(d) Did injury occur about nome, on talk,	
Location Baltimare, Es	place? While at we (Specify type of place)	OTK!
18 a Funeral director of the J. Ruth Inc.	(e) Means of Ajury 7 3	
(b) Address 1705-Harlord Ave.	23. Signature of Unaby	w n/
19 (a)	89 111	igned/1/11/39
(Date ree'd by registrar) Registrar	Address / 53/C/ Jour Nr Date s	1//

## HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALIN DEI MIN	- COOMY
62877  1. PLACE OF DEATH  CERTIFICATE  CERTIFICATE  (1)	Registered No
ON PARTIMORE No 1514 DIVISIO	Stop
2. FULL NAME William Fleet	he Oll specify WAR
(a) Residence: No. 115 W. S. Chroe & & C. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX L. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Moderate 10. 1939 22. I HEREBY CERTIFY. That I attended deceased from Moderate S 1939, to Moderate 10. 1939.
a. If married, widewed, or divorced RUSBAND of (or: WHE of Ean a Ficet	I last saw him alive on Mocembe, 10 . 19.39. Death is said to have occurred on the date stated above, at 11.48 Pm.
DATE OF BIRTH (month day, year)  Days  If LESS than  day,	The principal cause of death and related causes of importance were as follows:  U. T. B. U. R. R. D. S.
5. Trade, profession, or particular kind of work done, as spinser.  savyer, bookkeeper, etc.  9. Industry or business in which work was done, as sifk mill, as a mill, brak, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) apent in this year)	3. Youngen of Demo & Sentum 11-8-39 Other contributory causes of importance:
12. BIRTHPLACE (city or town) Cloucester Co., Va. (State or country)	Was an operation performed?  For what disease or lajury Marking freeless to Marine of Real States of Marine of Courses of Successful to Marine of Successful to Mar
12. NAME Ran delph Small 14. BIRTHPLACE (city or town) Clauce Tex Can Va (State or country)	What test confirmed diagnosis and white the an autopsy while in also the following the was due to external causes (violence) fill in also the following the state of the state
15. MAIDEN NAME DID ah Fleet  16. HIRTHPLACE (city or town) Choucester Cos, U.g.  (State or country)	Nowing: Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT WIFE  (Address) 115 N-S Chroeder	place  Manner of Injury
Place It CREMATION, OR REMOVAL  Place IT CONFUND Date No. 193	Nature of injury
10. UNDERTAKER MAS Katu K Williams (Address) 32.2 x Schweder St	(Signed) If posself an Olallies W. D.
20. FILED Registrar.	(Address)

## CERTIFICATE OF DEATH

108 Registered No. F 62878

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State (b) County	
Street address human Fark Lrive and 31st St. Hospital or institution:	(c) City or town Baltimore, Md.  (d) City or town limits, write RURAL	L and give town)
Length of stay in hospital or inst. (yrs., mos., or days) 6 da.	Smed No. B South Amity Street	
Length of stay in hospital or list. (yis, mos., or days) 44 years	e) If foreign born, how long in U. S. A.?	year
William G. Hines		
b) If veteran, name war Social Security Account No.	20 DATE OF DEATH	, at 6 A.M
Sex 5 Color or race 6 (a) Single, married, widowed, or divorced larried	21. I certify that death occurred on the date above state	FT 17 00.
Name of husband or wife Sarah Turner Lines	la l	9 00 .
O C II and A	lmmediate cause of death Lobar proumonia	Duration 10 da.
Birth date of deceased mo, day, yr Oct. 24, 1895  AGE: Years Months Days If less than one day  16 hr. min  Birthplace Follows and tate:	Due to	
O. Usual Occupation Chauffeur Lindustry or business Domestic service	Other Conditions Acute her orrhagic	Un mown
12 Name John Hines 13 Buthplace North Carolina	nephritis  (tologic program a within a months of death)  Major findings:  Of operations	PHYSICIAN
14 Maiden Name Elizabeth Frice	Of autopsy Same as above	charged stati
15 Buthplace 16 in Informant Records - U. S. Marine Hospita 16 Address Baltimore, Md.		following:
17 (a Date thereof (month) (day) (year	The Where did injury occur?  (A) Did nearly occur about ho be, on farm, industri	al place, in pub
Location reduce Rd. Balls - Mc	place? While at w	ork?
18 (a) Funeral director mo Katia K, while b	23. Signatury	MAR
Address b) Resistrar		signed PI/I

49968-TS

62879

## CERTIFICATE OF DEATH



62873		
	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH: Baltimore City, Maryland	(a) State Md. (b) County	
Street address 4940 Kastern Ave.  Hospital or institution:  Balto. City Hospitals	(c) City or town Belto.  (lf outside city or town limits, write RURAL  (lf outside city or town limits, write RURAL  (lf rural give location)	I. and give town)
	(e) If foreign born, how long in U. S. A.?	years
FULL NAME Ruston Semuels	MEDICAL CERTIFICATION	50
b) If veteran, name war No.217-01-5602	1939	alo A.M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced ried-separated	21. I certify that death occurred on the date above stated deceased from 11 - 8 19.87, to	A Friend
b) Name of husband or wife Alico.  6 (c) If alive, give age years		Duration
Birth date of deceased (mo., day, yr.) 2-10-1900  AGE: Years Months Days If less than one day hr. min.	Due to Peritonal authorions	Joyce?
Birthplace Md (Town, county, and state)	Other Conditions	
1. Industry or business Charles Bowling Alley  12. Name Marshall (d)  13. Birthplace Va .	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline to white death should
14 Maiden Name Elizabeth Wofford	Of autopsy	rharged stat
15. Birthplace  16 (a) Informant B.C.H. Records	22. If death was due to external causes, fill in the	following:
(c) Cemetery of crematory	(b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industry place?  While at very specify type of place)	county) (State rial place, in pul work?
18 (a) Funeral director Mrs Katie R. Wellia (b) Address 3 2.2. M. Selweder Mr	23. Signature X. Wo Lural	M. D.
(b) Registrar	Address Balto Date	

### TH DEPARTMENT—CITY OF BALTIMORE

HEALTH DEPARTMENT	-CITY OF BALTIMORE
62880 CERTIFICATI	E OF DEATH 157 R 62880 Registered No.
	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs.  2. FULL NAME  (a) Residence: No. (Usual place of abode)	St., Ward.
(a) Residence: No (Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  S. Single, Married, Widowed, or Divorced (write the word)  Sa, II married, widowed, or divorced	21. DATE OF DEATH (month, day, year) Nov 9, 134  21. DATE OF DEATH (month, day, year) Nov 9, 134  11 I nereby Certify. That i attended deceased from 34.  11-9 to 11-9  1 last saw h alive on 11-9  1 attended deceased from 34.
6. DATE OF BIRTH (month, day, year)  7. AGE  Years  Months  Days  1 LESS than t day, hrs. or 5 min.	I last saw h alive on to have occurred on the date stated above, at 4.350 ni.  The principal cause of death and related causes of importance were as follows:  Date of onset
this occupation (month same occupation year).  Ballo	Other contributory causes of importance
(State or country)    12. NAME albut grand   14. BIRTHPLACE (city or town)   Bolto   14. BIRTHPLACE (city or town)   Bolto   15. MAIDEN NAME   Da Maldumon	Name of operation  What test confirmed diagnos  What test confirmed diagnos  23. If death was due to external cluses (violence) fill in also the following:  Accilent, suicide, or homitide?  Date of injury  19
16. BIRTHPLACE (city or town).	Where did injury or ir (Specify city or town, county, and State) Specify whether is any or usred in industry, is home, or in public
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Manner of injury  Nature of injury
Place Philipping and the Prince Philipping of the Philipping and the Philipping of t	24. Was disease or injury in any way related to occupation of deceases
18. UNDERTAKER (Address)  A Propp 19 19 Registra	(Signed) nathur Moents. W.
20. PILED REGISES	The state of the s

#### BALTIMORE CITY HEALTH DEPARTMENT



Registered No.

#### CERTIFICATE OF DEATH 49648 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: Mary knd (b) County Baltimore City, Maryland Street address 4940 Mastern Avenue (c) City or town Baltimore feelf outside city or town limits, write RURAL and give town) Hospital or institution: Baltimore City Hospitals d) Steet No. 105 Hayes St. Length of stay in hospital or inst. (yrs., mos., or days) 13 days VCATS (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yrs., mos., or days) . 1110 (2) FULL NAME (Holmes) MEDICAL CERTIFICATION Anna May Holmers 3 (c) Social Security Account (b) If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed deceased from 10 - 28 - 19 39, to 11-11-5. Color or race Sex divorced. Marrie and that I last saw hell alive on 11 11 Colored (b) Name of husband or wife GOOTES Immediate cause of death years. 6 (c) If alive, give age perp. Herention July 29, 1919 Birth date of deceased (mo, day, yr.) If less than one day Months Years min. Due to Birthplace (Town, county, and state) H. W. 0. Usual Occupation Other Conditions 1. Industry or business PHYSICIAN (Include pregnancy within 3 months of death) . 12. Name Joseph Douglas Underline the Major findings: ause to which Of operation 13. Birthplace death should be charged, statis-Lottie Wilson Of autopsy Franke who 14 Maiden Name 22. If death was due to external causes, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide 16 a Informant Hecorde Baltimore City Hospitals (b) Date of occurrence b) Address (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? place (Specify type of place) e) Means of injury

Revistrar

19 (ta) "Thate rec'd by registrat

HEALTH DEPARTMENT—CITY OF BALTIMORE 62882 CERTIFICATE OF DEATH Registered No. ... (If death occurred in 1. PLACE OF DEATH a hospital or Institution, give Its NAME Instead of street and number.) 2644 Bruego a CITY OF BALTIMORE: (No. ds. How long in U. S. If of foreign birth?.....yrs. ...mos. .....ds, Length of residence in city or town where death occurred. If U. S. Veteran crtitle specify WAR .... 2. FULL NAME Ward. (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) Nov-5. Sincle, Married, Widowed, ir Dispected (write the word) L HEREHY CERTIFY, That I attended deceased from 4. Color or Rage, undow. 1939 to 2000 cried, widowed or divorced I last saw her alive on If married, wie to have occurred on the date stated above, at The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of enset importance were as follows: Months Broncho Purmone è Years TAGE 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which Other contributory causes of importance: work was done, as silk mill, waw mill, bank, etc. 11. Total time (years)
spent in this Extraustion 10. Date de ensed last worked at this occupation (month and occupation Was an operation performed? .... 12. BIRTHPLACE (city on town) State of country) For what disease or injury? Maran to Date of Name of operation Was the e an autopay ? What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in aiso the fol-14 BIRTHPLACE (etv or town) (State or wuntry) Date of injury Accident, suicide, or homicide? 15. MAIDEN NAME (Specify city or town, county, and State) Where did injury occur? Specify whether injury occurred in industry, in home, or in public 16. HIRTHPLACE (city or town) (State or country) place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) Ther strar 2 Fil. J. D.

## CERTIFICATE OF DEATH 34-B Registered No.

	2. USUAL REMDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	Mad	
1) 1 House 1/4	(a) State County	
II to I decided	(c) City or toyh / Daltural	
University Hospital	"If outside city or town limits, write RUKAI	
unioning property	d spron No. 4662 talle fe	vad
Length of stay in hospital or inst. (yrs., mos., or days) 28	All Furnit give location)	
Length of stay in Baltimore yra, mos., or days	(e) If foreign born, how long in U. S. A.?	years
		V
George M. Hude	MEDICAL CERTIFICATION	
b If veteran, name war 3 c Social Security Account		240
No.	20. DATE OF DEATH Morember 1/ 1939	, at 3 H.M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
nale Colored Manuel Manuel	ed deceased from October 14 1939 . to Novem	30
Name of husband or wife Worles Mª Bride	and that I last saw him alive on Nirember 11 19	
6 c) If alive, give age years	Surfacesiare canada	Duration
Birth date of deceased ino, day, yr July 7 /902	Pulmonary Hemorhage,	17 days
AGE: Years Months Days If less than one day	neursen	2mos. +
36 10 to hr. min.		a mos-
Birthplace South Carolina	anta - Suplil:	mdefinite
Fixen, county and state)	Due to Tertiary Typhilis	magana
O. Usual Occupation attour	01 6 11	
1. Industry or business	Other Conditions	DUVELCIAN
12. Name George M - Bride	(Include pregnancy within a months of death)	PHYSICIAN
13 Rirehplace South Carolina	Major findings:	t'ndelin te
M 1.4.	Of operationa	beath should be
14. Maiden Name Mary Jutchiven	Of autopsy	ticals
15. Birthplace South Caroline	22. If death was due to external causes, fill in the for	ollowing:
16 a Informant Noreum M2 10 rule	a Accident, surcide, or comicide	
1) Address 4662 talls 1000	Dete of occurrence	
17 10 Burel Date thereof Nov. 14-1	70% Where did miury occur?	
thereal eremation or command to prompt (day) (year	d Did injury occur about home, on farin, industrial	
Cemetery or remajory	While at wor	rk?
Location Color Acid	(Specify type of place)	
18 (a) Funeral director 19 20000	(e) Means of injury of 1.	
Address /463// Carey St	23. Signature Jun Ce Wagner	M. D.
Alan Maria de la companya della companya della companya de la companya della comp	23. Signature John Or brugner  Address University Hapital Date sig	med Mir 11,193
Bale rec d by registrar Revistrar	1	

BALTIMORE CITY	TE OF DEATH	とおけまし
32884 L	PROPERTY OF DECEASED:	
	2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:	(a) State Hod. (b) County	
altimore City, Maryland	City or town Ballimore RURA	
altimore City, Maryland treet address 1205 CN balwest St	City or town	l and give town)
Loquial as institution:	1205ch la alvert 8	
	Street No 1205 N le alvert 8	
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yents
ength of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, now tong in	
ength of stay in Daitimore 3.5.		
ALL NAME Hercer Farber  3 (c) Social Security Acco	medical certification  20. Date of Death How 12 198	9 N 5 3 G.M
No. Mo	20. DATE OF DEATH	and that lattend
- No	20. DATE OF DEATH / 20. 1. I certify that death occurred on the date above ata	V 12 1939
O C an discount Oxider	21. I certify that death occurred on the date above and ed deceased from aug. 2 1933, to he	19 39
male White Ot I Farler	1 . I have on by (I alive on	
Name of business or wife Late () Farker	vente Immediate cause of death Browks pro-	5 days
ad March 20 /907 - 1- 10	47	
Birth date of deceased mo, day, yt		
GE: Years Months	min. Due to	
81 11 6	1	
Birthplace Inst River G & Bo Med	Due to	
Town, county, and	Catinis Sulmais.	
Usual Occupation at House	Other Conditions arterio & chair.	PHYSICIA
12. Name bol Richard Spring Meles 13. Birthplace Wast Rever C & lo Stul.	(Include pregnancy within 3 menths of death)	t derline
12. Name Gol Rechard offings	Major findings: Zone June 1933	cause to wh
13 Birthplace West Rever 6 6 60 Med.	Of operations	harged a
14. Maiden Name Elivore Cosho.	Torre	tically.
14. Maiden Name PO P	Of autopsy	e following:
15. Birth Phila Pa.	22. If death was due to external causes, fill in the	
6 a Informant In Maira	(a) Accident, nuicide, or homicide	
ALT MEAVEN	135 (b) Date of occurrence	
Delegate thereof	(City or tewn)	(County) (S'a'
7 (a) Burial, exemption, or remaining Queens Fille G6	Lo Yes (d) Did injury occur about home, on farm, indus	trial place, in pu
Cetnetery of crematory	w min	WOTK?
Location Ce Ce lo Hed		9
Many Marchand by Kr	(e) Means of injury	vaid
18 (a) Funeral directable of the Golle 87	23. Signature	te signed Zw.
b) Address Oschool 1	Address 12 E. Eagen St. Da	te signed
	latrue Address (	

VS. S

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH: Baltimore City, Maryland		<u> </u>
Street addiess Hospital or institution:  Therein I front to	(c) City or town Salte or town limits, write RUAL and of Street No. 3 0 3 n Exercise (If rural give location)	give town)
Length of stay in hospital or ingr. yrs, mos, or	(If rural give location)	years
Length of stay in Baltimore lyrs, mos., or days		
FULL NAME Jewis avery	MEDICAL CERTIFICATION	
b) If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH // - 5 - 19 3 9 . at	
Sex 5. Color or race 6 a Single married, widowed, or divorced	21. HHEREBY CERTHY, That Itook charge of the remains above, held an antify thereon and from the (Autopay or Inquiry)	e evidence
h Name of husband or wife  (c) e If alive, give age years	obtained by said and for highest find that said dece	
Birth date of deceased mo, day, yr	Immediate cause of death	Duration
AGE: Years Months Days If less than one day  hr. min	Stab wound of Heart	
D. Usual Occup tion  1. Industry or business	Due to	
12. Name	Other Conditions  (include brogging y within a months of death)	PHYSICIAN
13 Birthplace	Major findings: Of operations	Underline t at a to whi eath should harged stat
15. Birthplace	Olaviopsy as above	ica y
(6 (a) Informant	22. It death was due to external causes, fill in the follow	
17 (a) Date thereof (counth) (days (yes	Where did injury occurs Wity - Street in front ?	10/3 Jorr
Location	(d) Del injury occur about home, on farm, ordustrial put	lio
18 a Funeral director  Per M. A. Moore.	23. Signature Howard Medical Examiner  Date signed 11 - 5 - 59	M
19 (a) Registrar	Date signed 11-5-59	- The same

## CERTIFICATE OF DEATH

F 62886
Registered No.

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. L. C. Mandard	(a) State MA (b) County	
b) Street addiess 330 M Lucton are	4x2-7	٤
c) Hospital or institution:	(c) City or town (If out ide city or town limits, write RURAL	and give town)
	W) Sirrel No. 330 M Full	on lin
d Length of stay in hospital or inst. yrs., mos., or days?	of rural give location)	
e Length of stay in Baltimore (yrs., mos., or days of	(e) If foreign born, how long in U. S. A.?	year.
- 1		
FULL NAME Hary & Hiero	cy .	100
3 (b) If veterari, name war 3 (o' Social Security Account	MEDICAL CERTIFICATION	101
No.	20. DATE OF DEATH Nov. 11. 1939.	
1. Sex   5 Color or race (1 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	that lattend-
7 My divorced Phistoryed	ed deceased from Nov. 1, 1939 . to Nov. 1	1937.
Name of husband or wife Charles M.	and that I last saw how alive on Nov. 11. 19-	71.
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo, day, yr Gry 1 1869	Carcimma of Recours.	32
8. AGE: Years Months, Days If less than one day	reacument of personne,	9 ,,,,
10 14 hr. min.	Due to	
9 Birthplace Many Cank	D	
(Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions 6han Lat Nephila -	17n~
11. Industry or business		PHYSICIAN
12 Name III should some	(Include pregnancy within I months of death)	Underline the
13 Birthplace / I'll ass &	Major findings: "To Operation .	cause to which
# 14 Maiden Name Mary Mi drodero		death should be charged statis-
15. Birthplace Phonos Can	Of autopsy	tically.
H W llan	22. If death was due to external causes, fill in the fol	lowing:
16 a Informati Mus.	(a) Accident, suicide, or homicide	
17 Address 330 M Full Sull 14/3	(b) Date of occurrence	
17 (a Burial, cremation, or removal) (month) (day) from	(c) Where did injury occur) (City or town) (Count	
(c) Cemetery or crematory Commission	(d) Did injury occur about home, on farm, industrial p	place, in public
. I Dalla ma	place) While at work	7
Location Control of Musicy	(Specify type of the last	
18 (a) Funeral director	(e) Means of injury Charlotton	hust.
6 Address Lufen Mill Stager	23. Signature	18/12/10
19 (a) (Date rec'd by registrar) Recistrar	Address State of Date sign	lea / 12/24.
and the second s		

F 62887

V8 8

# BALTIMORE CITY HEALTH DEPARTMENT Registered No.

PLACE OF DEATH: Balto City Hoof	2. USUAL RESIDENCE OF DECEASED:	
D. Britania City Maryland	a) State Wel (h) County	
Street address both prent Road and	10 City of town Daltium	
Japanese Rood	the state of hour bride write Kt 16.3	(I, and give town)
Japanes a day	of Treet No. 722 4. Italian	
d Length of any in hospital or inst. (yra, mos, or days)	(e) If foreign born, how long in U. S. A.)	years
e) Length of stay in Baltimore (yrs., mos., or days)		
3 (h) li veteran, name war John Social Security Account	MEDICAL CERTIFICATION	11 50 0
3 ( Social Security Account	MEDICAL CERTIFICATION	
Na16-03-2486	20. DATE OF DEATH	
Sex 5 Color of race 6 11 Speeds, unitried, widowed, or	21. IHEREBY CERJIFY, That Itook charge of the re	mains described
In who flarmed	above, held an Quelification thereon and fro	
Name of husband or wife Manne Sastrel	obtained by said (Autoper or Inquiry)	deceased came
6 e la jy, give age years	to pio death on the day stated above.	
7 Birth date of deceased (mo. day, yr ) 100 20 /867	Immediate cause of death	Duration
8. AGE: Years Months Dog If less than one day	Immediate cause of death fraction of left lay	-
154 hr min	any policy benentia	
D. Birthplace May land	Due to Cerebral terresta	9
(Note 7 7 M)		
10. Usual Occupation Carpiners	Due to	
a some started the	Other Conditions	
12 Name Amo Gurrett		PHYSICIAN
13 Birthplace MAG	(include programs within a manths of death	
14. Maiden Name by aboth & ornell	Major findings Of operations	Und rine h
B. Berkplay On Ma		deat hold be
16 a Inter April Jog, Sanfrell,	Of autopsy	theally
Adam 722 Hellow st	22. If death was due to external causes fill in the	following
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gas Accident, suicide, or homicide Accident	County
17 a Desiral production of the vent	(b) Date of occurrence	hung 16
Cemetery or Crematyry Calleday	(c) Where did injury occur) Holdpier	duty) (State)
A great 111	(d) Did injury orcur about home, on farm, industrie	
Location Since Confinite	place? Street While at w	
18 (a) Funeral director	Means of injury fraterior collesign (	
(b) Address	B. Signature W Dy and Lings	M.D
19 (a) Date rec's by resistance	Date signed 11 [13] es 9	

HEALTH DEPARTMENT—CITY OF BALTIMORE 62888 62888 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in n hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE / ANG. where death occurred 15 operity WAR to Resolution (If non-resident give city or town and State) (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorce (write the word) 21. DATE OF DEATH (month, day, year) 4. Color or Race That I attended deceased from REBERY CERTIFY. troll 5a. If married, widowed, or divorced 19 2. Death is said BUSBAND of (or) WIFE of to have occurred on the date at tel above, at ... 6. DATE OF BIRTH (month, day, year Alex) 25 2 The principal cause of death and related causes of Date of enset importance were as follow : If LESS than Months Days 7. AGE 1 day ..... hrs. 16 min. 8. Trade, profession, or particular kind of work done, as spinner, anwyer, bookkeeper, etc. 9. Industry or basices in which work was done, no silk mill, and mill, bank, etc. ther contributory causes of importance 11. Total time (years) 18, Data decensed last worked at this occupation (mosth and year) Date of Was an operation performed? 12. BIRTHPLACE felty or town (State or country) For what disease or injury? Name of operation Was there an autopay? / 100 What test confirmed diagnosis? 14. BIRTHPLACE (city or town) 23. If death was due to asternal causes (violence) fill in also the fol-(State or country) lowing: Date of Injury ...... Accident, suicide, or homicide? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Frederiche Where did injury occur?... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public State or country) 17. INFORMANT Georde place (Address + Mary Haken Manner of Injury 16, BURIAL, CREMATION OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify 19. UNDERTAKER Address 20. FILED Registrar.

#### CERTIFICATE OF DEATH 46 Registered No. BALTIMORE CITY HEALTH DEPARTMENT



PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	a State Mol (b) County	
Street address 708 w. 33 %	(c) City or town Ballinione	
Hospital or institution:	If anterdo city or town limits, write RURS	At, and give town)
	12 Street No. 108 W. 33" St	
Length of stay in hospital or inst. (yrs., mos., or days)	of rural give location	)
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
of Full MANE Ton by Brown		
(b) If veteran, name war 3 (c) Social Security Acco	20. DATE OF DEATH VYY 17 19 34	
Sex 5. Colotyor race 6 (a) Single, married, widowed	or 21. I certify that death occurred on the date above sta	ted; that lattend-
white manuel	ed deceased from Mr 8 1939, to Mn	
b) Name of husbands wite Killie W Ben	and that I last saw h alive on Vhr !!	19.27
about 6 c If alive, give age 1 yo	Impediate cause of death	Duration
Birth date of deceased mo., day, yr Dec. 26-1867	caranom of texters	
AGE: Years Months Days If less than one day	-	
71 10 16 hr.	min. Due to	
Birthplace montgowny a hot	Due to	
(Town, augnty, and state)	0	
0. Usual Occupation / 1. Industry or business	Other Conditions Conce.	-
12. Nam Thomas & Brown	(Include pregnancy within 3 months of death)	PHYSICIAN
	Major findings:	Underline the
13 Birthplace McL	Of operations	cause to which
14. Maiden Name Mate Chambers		charged statis
had had	Of autopsy	tienlly.
In Interment My Cille Brown	22. If death was due to external causes, fill in the	following:
h Address Har W 33	(a) Accident, suicide, or homicide,	
7 a Burial 6 Date thereof hot 14 1	137 (b) Date of occurrence	
(Burial, cremation, or removal) (month) (day)	(City or town) (Co	ounty) (State)
(c) Cemetery or crematory when	(d) Did injury occur about home, on farm, industri	al place, in publi
Location hundsmany a hid	place? While at W	OIL!
18 a Funeral director Les & Beyon	(e) Means of injust	(
b) Address 1512 100lling	23. Signature Tran Stuli	V 1)
10 (a) (b) 1	Stow 3608 Date	eigned 1171
19 (4) (Date rec'd by restatrar) Registra	Address Date	- + +

Date reed hele sutrar)

12 CHENTERT

(I rural g ve location)

town

CER	TIFICATE OF DEATH ( )
	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH: Baltimore City Maryland	a State (b) County
Street address 15/5 W Surging Hamilal or institution:	1 45 to 15 71
I Length of stay in hospital or inst. yrs., mos., or d	ays) (If foreign born, how long in U. S
Length of stay in Baltimore (yrs. mos., or days)	
James JoHA H. S	MITH
James  If veteran, name war  No.	20. DATE OF DEATH horsender
Sex 5 Color or race 6 a Single, marrie	d, widowed, or 21. THEREBY CERTIFY, That Itool
m Color of race divorced Ling	above, held an array or Inchis
(h) Name of husband or wife	obtained by said autopy
6 (c) If alive, give a	to death on the day stated
Birth date of deceased mo, day yr mig 2	an one day Immediate cause of death
AGE Years Months Days If less th	
10	Threpay
9. Birthplace Ricky mount;	Tue to Post of
10. Usual Occupation	Due to
11 Industry or business	8
E 12 Name William Sm.	Other Conditions
E 15 Birtholine Jarboro, N.	19 . (Include programmy within 3 mo
" Jana Bom	Of operations
E 14 Maiden Name is and of omy	Cr operators
Burthplace ) WW - V , VC	Of autopsy alima
16 to Informant Clara Smith	C l
La Address / S N // Swaro	Accident, suicide, or homicid
17 Date thereof	oth iday (year) Date of occurrence at
Hughal eremation, or removed	furn (e) Where did in ury occur)
Cemetery or crematory Mt. Hu	(d) Did injury occur about home.
Location 20 Xol. Plan	Mid on a place? ten heran
18 a Funeral director Mrs Nalie R. W	Means of injury

If foreign born, how long in U. S. A.?	yeats
MEDICAL CERTIFICATION	997
20. DATE OF DEATH horealy 12 19 39	, at B CM
21. IHEREBY CERTIFY, That Itook charge of the re-	mains described
above, held an autofry thereon and fro	in the evidence
obtained by said anti-ting find that said	deceased came
to has death on the day stated above.	
Immediate cause of death	Duration
Creatry, aroun	1
Ehrlehow	Manager
Epstepay  Outo Port Crements	
Due to	
Other Conditions	
(Include pregnancy within 2 months of death)	PHYSICIAN
Major findings	Und rline th
Of operations	came to which
	leath hould be
Of auropsy alarma	tically.
and the description of the land the lan	following
Accident, suicide, or homicide	
at the same of the	
Where did in ury occur)	minty) (State)
Did mury occur about home, on farm, industri	al place, in publi
While at w	OTK?
(Specify type of place)	Mular
e Means of injury	- A- MI
Means of injury  23. Signature & L Medical Exam	iner
Date signed hor /3, 1939	

### CERTIFICATE OF DEATH 73

Registered No.

. PLACE OF D				2. USUAL RESIDENCE OF DECEASED:	
	City, Maryland		mhom C4	(a) State Md. (b) County	
	Tens 503 S	· Du	rnam St.	(c) City or town Baltimore	
c) Hospital o	r institution:			ilf outside city or town limits, write RURA	L and give town)
				& Street No. 503 S. Durham St	
d Length of	atay in hospital o	r inst. 'y	ris., mos., or days)	If rural give location)	
() Length of	atay in Baltimore	(yın., m	os., or days 30	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NA	Me Anna Szy	mans	ki		
(b) If veterar			c Social Security Account	MEDICAL CERTIFICATION	
N	one	N	le. None	20. DATE OF DEATH NOV. 13. 1939	, at 8A M
. Sex		6 (a) S	Single, married, widowed, or ed	21. I certify that death occurred on the date above state ed deceased from 200, 10 19.19, to	d; that lattend-
rem	White	-coame		and that I last saw her alive on 200. 13, 15	39.
b (b) Name of	husband or wife	Lauy	slaw Szymanski falive, give age Dea Gears	Immediate cause of death	Duration
				Vuluning Hewortage	
A participation of the last of the last	deceased mo.		If less than one day	Julury / Tuberculos	4
	Months !	Days		Due to	
61			hr. min.	Ene io	
9. Birthplace	Polar	nd	punty, and state)	Due to	
10 11-10-		louse	WORK		1
10. Usual Occ		A	t Home	Other Conditions	
		nnowi			PHYSICIAN
12. Name 13. Birthpl	noci			Include pregnancy within 8 months of death)	
13 Birthpl	lace	Pola	and	Major findings: Of operations	I nderly the
H 14. Maider	Name	Unl	K.		leath should be
E I Maider	-	oland	d	Of autopsy	harged statis-
■ 15. Birthpl		_		22. If death was due to external causes, fill in the fo	ollowing:
	nant James			(a) Accident, suicide, or homicide	
(b) Addre		4 Sy	lvin Ave.	39b) Date of occurrence	
4 / 0	rial		The state of the s	(c) Where did injury occur?	
	cremati , er remo		(month) (day) (year)	(ity or tiwn) (tou	
(c) Cemet	ery or crematory		1	(d) Did injury occur about home, on farin, industrial	
Locati	on [	Pall	imore Md	(Specify type of place)	
16 a Funer	al director /	107	ser francis	(e) Means of injury	
(b) Addre	1	930	Eastern Ave.	23. Signature andrew Tumbowes	C M D
19 (a)	(b)		I have a	Address 9079 Eastern Date sig	
	a'd by registrart		Registrar	Modress	1

## BALTIMORE CITY HEALTH DEPARTMENT



F 62892 Registered No.

17.00				
. PLACE OF D	EATH:		2. USUAL RESIDENCE OF DECEASED:	
a Baltimore	City, Maryland		(a) State Md. (b) County	
		oodbrook Ave.	Cim a taun Ral timore	
c) Hospital o	r institution:		a (If outside city or town limits, write RUKA)	L and give town)
d) Length of	atay in hospital or	r inst. (yrs., mos., or days)	My Smeet No. 3401 Woodbrook Ave.	
e) Length of	stay in Baltimore	yrs mos., or days) Lifetime	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NA	ME	MARY LAUPHEIMER		
3 b) If vetern	n, name war	3 (c) Social Security Account No.	medical certification  20. Date of DeathNov. 13 1959	
. Sex	5. Color or race White	6 (a) Single, married, widowed, or diversed W	21. I certify that dear occurred on the date about the	02019
		Samuel Laupheimer	and that I last saw h Halive on 200/13 19	7
		6 c It alive, give age years	Immediate cause of death Hisportales,	Dursties
7. Birth date	of deceased mo.,	day, yr Aug. 1861	Apprilate.	4124
	are Months I		Due to	1
9 Birthplace	Bal	timore, Md. (Town, county, and state)	Due to Diabetes	
10 Usual Oct		None	Other Conditions	
H Industry		llock		PHYSICIAN
	Moses Po		(Include pregnancy within 3 menths of death)  Major findings:	Underline the
13 Birthp		Germany	Of operations	cause to which death should be
E 14. Maide	n Name Amel	Germany		charged statis-
15. Birthn	loce	Germany	Of autopsy	tically.
16 (a) lef-	nant Mrs. S	Sadie Rascover,	22. If death was due to external causes, fill in the fo	ollowing:
b) Addr	-m 2301 C	Callow Ave.	(a) Accident, suicide, or homicide	
	rial	b Date thereof 11/15/39.	(b) Date of occurrence (c) Where did injury occur?	
(Burial,	, cremation, or reme	(wal) (month) (day) (year)	(City of town)	Inlace in public
(c) Ceme		Hebrew Friendship		
Locat	20	more, Md.	place? While at wo	
18 (a) Fune	ral director fan		(e) Means of injury 199	th.
b) Addi	1000		23. Signature Attitudely & W.	N. D.
19 (a)	(6)	Rogistrur	Address 811 Gwynns Falls Date si	gned
(Ilate :	rec'd by registrar	AVENUE	Pkwy.	
VS 3				

62893 HEALTH DEPARTMENT	-CITY OF BALTIMY \$52893
CERTIFICATI	
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. 1303 Mades	a hospital or institution,
36	of street and number.)
length of reasone in city or town where	If U.S. Veteran
2. FULL NAME VI CAS MA adia	ward.
(a) Residence: No. (Usual place of above)	(if non-resient give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year)  22. I HEREBY CERODY. The I attended document from
t war manued	100 100 100
HISBAND OF DO A LINE BLOOM	I last raw has alive on the date stated above 19. Death is said
DATE OF RIPTH (month, day, year)	The principal cause of death and related causes of
AGE Years Months Days If LESS than I day	importance were as follows:
or min.	and it
5. Trade, profession, or particular had of work done, as spinner, howyer, bookkeeper, etc	Couran Decomment
9. Industry or business in which work was done, as sith mill,	Other contributory causes of importance:
to be decembed last worked at the decembed last worked last worked at the decembed last worked las	- 39
7/7	Date of 1
12. BIRTHPLACE (city or town)	Was an operation performed? Date of
IL NAME CILOTON	Name of operation was a
14. HIRTHPLACE (clty or town) (State or country)	What test confirmed diagnos (Was there an autopsy? 12. If death was due to external causes (Volence) fill in also the fol-
E 15 MAIDEN NAME Magaie W Cherry	lowing: Accident, suicide, or homiside?
	Where did injury occur? (Specify city or town, county, and State)
State of country)	Specify whether injury occurred in industry, in nome, or in
17. INFORMANT Marles Wallson St.	Manner of injury
18 BURIAL CREMATION, OR REMOVAL	Nature of injury
Pin M afray In pace 17. 10.	24. Was disease or injury in any way related to occupation of deceased?
18. UNDERTAKER 3045 Restrat Total	(IL NO. HINGHY COOL M.D.
(Add es)	(Signed)
20. MIED . 19 Registrar.	

é

	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  Baltimore City, Maryland  ANALY Mastern Avenue	(a) State Maryland (b) County
Street address Hospital or institution: Baltimore City Hospitals	c) City or town Beltimore froutside city or town limits, write RURAL and give town)  1311 Brunt Street (If rural give location)
l Length of stay in hospital or inst. yrs., mos., or days	(If rural give location)  (e) If foreign born, how long in U. S. A.? years
Length of stay in Baltimore yrs. mos., or days	V
John W. Lewis  3 C Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
No.  5 Color or race 6 (a) Single, married, widowed, or divorced.  Single	21. I certify that death occurred on the date above stated; that lattended deceased from 10-2 19 37, to 11-13 197, and that I last saw h recalive on 1-13 197.
Name of husband or wife 6 c If alive, give age vente	Duration Duration
7. Birth date of deceased mo. day, vi. Nov. 26, 1909 8. AGE: Year Months Days If less than one day 29 11 13 hr min.	Due to abouse right thigh and few well
9 Brithplace Virginia 10 Usual Occupation Laborer 11 Industry of business	Due to Fracture right frank short 6 months  Other Conditions  PHYSICIAN
2 12 Name Solas Lewis Virginia	Major findings: Of operations Frecture agent Lawrence in the high hould be
14 Maiden Name Mary Green	Of autopay
15. Berthplece Pecords	22. If death was due to external causes, fill in the following:
Address Reltimore City Hospitals  17 Let Louis and Profit Date thereof 11-16-37  (10 min the idea) Lyear  (2) Cemetery or crematory Many Lyear	(a) Where did injury occur)  (b) Date of occurrence hung.  (c) Where did injury occur, about home, on farm, industrial place, in public while at work?
Location a. a. lov. Therenes 18 10) Funeral director Jac. In Shermer	Means of injury Shipped in a lite in  23. Signature Ed. Woodward fr. M. D.
Determed by regularity Quely Reporters	

1.2 3

## CERTIFICATE OF DEATH

62895 Registered No.

Length of stay in Baltimore (yrs mos., or days)  (a) FULL NAME  May C. Lekhardt  (b) If veteran, name war  (c) If oreign born, how long in U.S. A.P.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  1939. at 2:10  20. DATE OF DEATH NOV. 1A 1939. at 2:10  21. Icertify that death occurred on the date above stated; that Is 21. Icertify that death occurred on the date above stated; that Is 21. Icertify that death occurred on the date above stated; that Is 21. Icertify that death occurred on the date above stated; that Is 21. Icertify that death occurred on the date above stated; that Is 22. Icertify that death occurred on the date above stated; that Is 22. Icertify that death occurred on the date above stated; that Is 22. Icertify that death occurred on the date above stated; that Is 22. Icertify that death occurred on the date above stated; that Is 22. Icertify that death occurred on the date above stated; that Is 23. Icertify that death occurred on the date above stated; that Is 24. It least saw h.P. alive on Iter. 1939. Ite	
Baltimore City, Maryland Street address Hospital or institution:  Umon Memorial Hospital  Length of stay in hospital or inst.  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in hospital or inst.  Sex S. Color or sace (S. Color or sace of 6 (a) Single, married, widowed, or divorced.  MEDICAL CERTIFICATION  19.39, at Pite  21. Lecrtify that death occurred on the date above stated; that a deceased from hyp.12, 7:50th 19.39, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 7:50th 19.39, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 7:50th 19.39, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here alive on hyp.12, 9.59, to 9.2 lefthered; and that I hast saw here	
Length of stay in hospital or insertution:  Length of stay in hospital or insert. (yrs. mos., or days)  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH Nov. / /// 22. 19.39  and that I last death occurred on the date above stated; that is deceased from hov. //// 22. 19.39  and that I last saw her alive on hor. //// 22. 19.39  Length of stay in hospital or insert. (yrs. nov., ////////////////////////////////////	
Length of stay in Baltimore (yrs. mos., of day).  The stay of Social Security Account No.  Sex S. Color or race of (a) Single, married, widowed, or divorced. Inaural (b) Name of husband or wife Christ. Q. Slephardt (b) Name of husband or wife Christ. Q. Slephardt (b) If slive, give age 50.3 years (c) If slive on that I last saw her alive on the slive on th	years
MEDICAL CERTIFICATION  3 (c) Social Security Account No.  Sex  5. Color or race  6 (a) Single, married, widowed, or divorced. manied  (b) Name of husband or wife Christ. Q. Slethandt 6 (c) If alive, give age 50? years  6 (c) If alive, give age 50? years  Months  12 Name Months  13. Birthplace  Months  14. Maiden Name. Many C. Rehbern  15. Birthplace  Months  MEDICAL CERTIFICATION  19.39, at Pilot 20. DATE OF DEATH NOV. 12  19.39, at Pilot 21. Icertify that death occurred on the date above stated; that la ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 11 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 12 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 13 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 14 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris 19 ed deceased from hevil, 7, 7:50 m 19.19, to RioRheris	
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married. Midowed, or divorced. Married. Midowed. Mi	
Sex    S. Color or race   6 (a) Single, married, widowed, or divorced.	M.M.
(a) Name of husband or wife of deceased (mo., day, yr.) Feb. 14 1890  Birth date of deceased (mo., day, yr.) Feb. 14 1890  If less than one day hr. min disease  One to Hypertonsive C-V-R  AGE: Years Months Days hr. min disease  Due to Hypertonsive C-V-R  Other Conditions  Other Conditions  Include pregnancy within 8 months of death)  Major findings:  Of operations  Of autopsy  15. Birthplace Md.  16. (a) Informant Lucland  (b) Address 3325 Callaway Ayes  Nov. 15. 1939	
Birth date of cected Months Days If less than one day hr.  AGE: Years Months Days hr. min.  Birthplace Md.  (Town, county, and reate)  Due to Cause unthrouse.  Other Conditions  (Include pregnancy within 8 months of death)  Major findings: Of operations  Of autopsy  15. Birthplace Md.  16. (a) Informant Lucioned (b) Address 3325 Callaway AVE.  (Moy 15, 1935)  Due to Hyperference C-U-R  disease  Due to Hyperference C-U-R  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the following control of the conditions  (a) Accident, suicide, or homicide  (b) Date of occurrence	40 m
Due to Cause units and reate)  O. Usual Occupation  Other Conditions  Other Conditions  Other Conditions  Other Conditions  Include pregnancy within 8 months of death)  Major findings: Of operations  Of autopsy  Of autopsy  Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide  (b) Address 3325 Callaway Ayes  Nov. 15, 1935	po.
1. Industry or business  12. Name William C. Brownell  13. Birthplace Ind.  14. Maiden Name Inary C. Rehbern  15. Birthplace Ind.  16. (a) Informant Limited  (b) Address 3325 Callaway Aye.  (Now 15. 1939)  (Include pregnancy within 8 months of death)  Way 15. 1939  (Include pregnancy within 8 months of death)  Und  (eause death)  (a) Accident, suicide, or homicide  (b) Date of occurrence	-
12. Name William C. Brown W.  13. Birthplace Ind.  14. Maiden Name. Mary C. Rehbern  15. Birthplace Ind.  16. (a) Informent Limited  (b) Address 3325 Callaway Ave.  (Nov. 15. 1930)  (County)	ISICIAN
i4. Maiden Name. Mary C. Kehbern  15. Birthplace  16 (a) Informent Lucionel  (b) Address 3325 Callaway Ayes  (Nov. 15, 1939)  (County)	lerline the to which should be
(a) Accident, suicide, or homicide (b) Address 3325 Callaway Aye. (b) Date of occurrence	ly.
(b) Address 3325 Callaway Ave. (b) Date of occurrence	<b>g</b> :
(MOV. 17. 17. I.d. murry occurr	(State)
(Burial, cremation, or removal)  (Burial, cremation, or removal)  (Burial, cremation, or removal)  (Burial, cremation, or removal)  (Comta (d) Did injury occur about home, on farm, industrial place, while at work).	
Location Soldiector belowner & Afoffmann (e) Means of injury first C. Crawford	1
(b) Address 2723 E. Preston St  Registrar  Address Ullippe Manager Space signed	1/12/

	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH: ) Baltimore City, Maryland ) Street address Hospital or institution: Baltimore City Hospitals	(c) City or town Baltimore (d) City or town Baltimore (e) City or town Baltimore (If outside city or town limits, write RURAL and give town) (2) 2120 Madison Ave.
Length of stay in hospital or inst. (yrs., mos., or days) 1 day  Length of stay in Baltimore (yrs., mos., or days) N B	(e) If foreign born, how long in U. S. A.?
(a) FULL NAME  Baby Boy Waddy  (b) If veteran, name war  No.	20. DATE OF DEATH 200 3 1939, at 0 MM  21. I certify that death occurred on the date above stated; that lattend
Sex   5. Color or race   6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above trated, that 3 to death 3 to 3 for and that I last saw h Linealive on 2 1939, to 3 for a 1939.
7. Birth date of deceased (mo., day, yr.) 11-2-39  8. AGE: Years Months Days If less than one day 11 hr. 3 min.  9. Birthplace (Town, county, and state)  10. Usual Occupation  11. Industry or business  12. Name James Alexander (Father of baby 13. Birthplace Florids	Due to  Due to  Other Conditions Alitata.  (Include pregnancy within 3 months of death)  Major findinga:  Of operations  Of operations
14. Maiden Name  15. Birthplace  16 (a) Informant (b) Address  17 (a) Cremation (b) Date thereof (month) (day) (year (c) Cemetery or crematory  Location Daltimore City Hospitals  18 (a) Funeral director (b) Address  19 (a) Registrar	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in purplace?  (Specify type of place)  (Means of injury)  Address  Address  (A) Date signed  (B) Date signed  (City or town) (County)  (Coun

HEALTH DEPARTMENT	-CITY OF BALTIMORE 62897
62897 CERTIFICATI	E OF DEATH Registered No
1. PLACE OF DEATH  CITY OF BALTIMORE: (N) Plentup ) May	(If death occurred in a hospital or institution,
CITT OF BASIS COMME	nos. ds. Ho. long in U. S. If of foreign birth?
I anoth of residence in city or town where	1f U. S. Veteran apecify WAR
IA FIVE MARKETA	Sks. Ward.
(a) Residence: No. Cuaini place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
5. Single, Married, Widowed. or Diversity write the word)	21. DATE OF DEATH (month, day, year) / 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10
6a. If married wide red, or divorced HUSHAND of (or) WIFE of	I last saw h.A. alive on RN 13 1957. Death is said to have occurred on the date stated above, at 15 m.
6. DATE OF BIRTH (month, day, year) 1859	The principal cause of death and related causes of importance were as follows:
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	Bronch - Pneumin HN519
Z. 8. Trade, profession, or particular kind of work done, as spinner. And of work done, as spinner, sawyer, bookkeeper, etc.	
work was done, as silk mill,	Other gratificatory eques of importance: Les Seles or ?
10. Date deceased last worked at this occupation (month and year)	Jenusolizis astaros
12. BIRTHPLACE (city or town)	Was an operation performed? Date of
The State with	For what disease or injury?  Name of operation
13. NAME (Lity or town)  14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT A Henrich St.	Manner of injury
18. BURIAL, CREMATION, OB REMOVAL 5-39	Nature of Injury
Many Month	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER SOOI Jeinling Com	(Signed) (Signed) (Signed)
26. PILED 19 Recidires.	- Wall before Dry OF
	Nay James sol

VS 8

## CERTIFICATE OF DEATH



	2. USUAL RESIDENCE OF DECEASED: (a) State Real (b) County Ball	To
b) Street address 6100 00 110 110	(a) State Mac (b) County	
(i) Street address		
	(c) City or town Balton Much	
c) Hospital or institution:	(c) City or town	, and give town)
Col awood Kuring Home	The Short Soll	
d) Length of tay in hospital or inst. (yrs., mos., of days)	Steet No. (If rural give location)	
d) Length of tay in hospital of line. Sing the Life	(e) If foreign born, how long in U. S. A.?	yeare
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) II rocego de la companya de la c	
3 (a) FULL NAME TO Well		
margare Account	MEDICAL CERTIFICATION	
) (n) if veteran,	20. DATE OF DEATH TOWNEY 11 19 39	. at 11.30 P. M
A See 5. Color or race 6 (a) Single married, widowed, o		d; that lattend-
5. Color or race 6 (a) Single, married, widowed, of divorced.	ed deceased from my 24 1929 . 10 Nov.	11 1939.
for White	and that I last saw h I slive on how, 11 19	
6 b Name of husband or wife		Duration
6 c It alive, give age year	Immediate rause of death front of short.	
7. Birth date of deceased (mo., day, yr.) 1860		
8. AGE: Years   Months   Days   If less than one day	markereal Ortgooperpor	e . 4 7 mm.
79 hr. mi	n. Due to	
9. Birthplace (Satts	Due to.	
( Cown, county, and state)		-
10. Usual Occupation	Other Conditions	
11. Industry or business		PHYSICIAN
12. Name	(include pregnancy within 3 months of death)  Major findings:	Underline the
2 13 Birthplace Dermany	Of operations	cause to which
1/ 1/		hath should be
14. Maiden Name Cathering	Of autopsy .	tically.
15. Birthplace	22. If death was due to external causes, fill in the f	following:
16 (a) Informant for John	(a) Accident, suicide, or homicide	
(h) Addiess Omwood + Cast 4	D as of occurrence	
Bright Was thereof hor 15-3	/ Where did injury occur?	unty) (State)
(Burial, cremation, or removal) (month) (day) (ye	(d) Did injury occur about home, on farm, industria	
Cemetery or crematory	While at we	ork?
Location Belair Ch.	place? (Specify type of place)	
D = A = A = + + + + + + + + + + + + + + + + +		
18 (a) Funeral director	23 Stansture Wm / Ichmits,	M/ D. /
b) Address 3001 ) Turking	23. Signature Wm J Charity Address 701 N. Kenwood Ave Date a	igned 11/13/3
19 (a) (Date rec'd by registrar) Receitrar	Address	

2899 LB 49306

## CERTIFICATE OF DEATH V95 Registered No. 299

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State Marylandh) County	
b) Street address 4940 Enstern Avenue. c) Hospital or institution:  Baltimore City Hospitals d) Length of stay in hospital or inst. (yrs., mos., or days) 25 day. c) Length of stay in Baltimore (yrs., mos., or days 50 yrs.	(c) City or town Bal timore (If outside city or town limits, write RURAL  (d) Succet No. 7.02 Cumberland St.  (e) If foreign born, how long in U. S. A.?	L and give town:
(a) CILLS NAME		
Alexander Carroll  (b) If veteran, name war    3 (c) Social Security Account   No.	MEDICAL CERTIFICATION  20. DATE OF DEATH November 13 1939	
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above state	ed, that lattend-
(b) Name of husband or wife Agnes	and that I last saw h im alive on how. 13 19 Immediate cause of death Arterior dentic Heart places	Deration uleum.
7. Birth date of deceased (mo., day, yr.) 1867 ?		
8. AGE: Years Months Days If less than one day 72 ? ? hr. min.	Due to	
9. Birthplace Md • (Town, county, and state)  10. Usual Occupation Unknown	Due to	
11. Industry or business	Other Conditions	PHYSICIAN
12. Name Samuel Carroll	Major findings:	tinderline the
	Of operations	death should be
14. Maiden Name Polly?	Of autopsy out dine.	tically.
16 (a) Informant Records  Relating to the Manual Control of the Ma	22. If death was due to external causes, fill in the fi	following:
Baltimore City Hospitals  17 (a) But thereof W. 16 1939  (month) (day 1949)	(b) Date of occurrence (c) Where did injury occur? (City or town) (Cou	unty) (State)
Cemetery or composition or 600. Minu. Facts	(d) Did injury occur about home, on farm, industria place? While at wo	al place, in public
18 (a) Funeral direct MYN Manus A. Humst	(Specify type of place)	
(b) Address 3 18/11. NAGAL CO CO	Address Balto City Herp. Date si	M. D. igned //-13-39

TH DEPARTMENT-CITY OF BALTIMOREF 62900 5000 CERTIFICATE OF DEATH Registered No. 1. PLACE OF BEATH (1) donth accorred in n hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. da. Now long in U. S. If of foreign birth? yes mon da Length of residence in city or town where death occurred. If U. S. Veteran specify WAR 2. FULL NAME 12----Ward. (If non-resident give city of town and State) (a) Residence: No. (Count place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed. 4. Color office I HERERY CERTIFY, That I attended deceased from Divorced (write 4-12-39.10 married 1/- 12-2.99 . Donth in nald HI SHAND of to have occurred on the date stated above, at J. 4. On A17 (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of enest If LEAS than Months I day, hrs. mln. s. I rade, profession, or particular kind of work ding, se apinner, anwjer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, naw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at tain occupation (month and occup tion .. Date of-Was su operation performed? 12. BIRTHPLACE (city (State or country) For what disease or injury? What test confirmed diagnosis Church 13, NAME Name of operation Was there an autopay . 10 22. If don'th was due to external causes (violence) fill is also the fol-14. BIRTHPLACE (city or town) (State or munty) Accident, suicide, or homicide? | liste of injury ..... 11. MAIDEN NAME Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE Jeity or town thate or country! Mannae of Injury. Nature of Injury 21. Was disease or injury in any way related to occupation of deceased? Registrar.

NI LOF OF DEATH	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH:  a) Baltimore City, Maryland	m /	
Or I I was a series to the series	a state of the	
b) Street address (MINTON) NUMBER AND STANK	(c) City of town / Callimore	and give town
c Hospital or institution:	(If outside city or your limits, write non-y	The Rive (Own)
University tostilar	1 descente. 809 6. 33 rd 11.	
d Length of stey in hospital or inst. yrs., mos., or days 9 week	If Furni give location)	
e Length of stay in Baltimore (yrs., mos., or days) 3 4 w.	f foreign born, how long in U. S. A.?	years
e) Length of stay in Baltimore 'yra, mos, or days'		
FULL NAME YOUN HUber	MCDICAL CERTIFICATION	
3 16 If veteran, name war	N( ) 5 36	1100
No.	20. DATE OF DEATH Noneuba 12 1934	
4. Sex / 5. Cale for race 6 (a) Single married, widowed, or	21. I certify that death occurred on the date above state	ed, that lattend-
Male Scottorrace 6 a Single married, will divorced Magnety	1 1934 to 10	4.12 1937.
Milian) of hillian	and that I last saw here alive on 1904. 12	9 5 7 .
6 W Name of husband or wife Little V. Fill Ville State of husband or wife Little Ville Vil	Immediate cause of death	Duration
11	Uremia	2 4.45
7 Birth date of deceased mo, day, yr MC. 13 - 1871		
AGE: Tears	Due to Hyperter sine Cardie.	2.4.
	M Rinal Visiane	wird:
9 Birthplace Battimore to. Md.	Due to	14 h-
merican totacco o.	maligna typul even	1
11 Industry or business Michon and Branch Peterid 34	(14) Other Conditions	-
	include regrancy within a neighbor death)	PHYSICIAN
E 12. Name Shy C. Hilberg	Major Lindings:	Underline the
2 13 Birthelace Sermany	Of operations	to the hould be
# 14 Marden Name Mary Moster		chargest statis
15. Berthplace Maryland 4	Of autopey	tion by
ma Polycra Robiney Helberg	22. If death was due to external causes, fill in the f	i bilowing:
16 to Information Representations	(a) Accident, suit ide, or homicide	
Address 809 6. 33 W. Nor. 15-193	9 (h) Date of occurrence	
		unty) (State)
Landlaury .	d Did injury occur about home, on farm, industria	al place, in publi
(c) Cemetery or crematory of Summer and	While at wo	ork?
Location Andrews H. Burger	(Sherith tabe of lumes)	G
15 (a) Funeral director, Horally	(e) Means of injury Stanley & Broad	ley
(h) Address Ses, Fills I tours	23. Signature	1 M. D
19 (g) Registrar	Address Unionsity 17 Dates	iigned H/1//3
Negitrar		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



108 Repher 82902

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland	(a) State 1/12 (b) County
b) Street address tayther Ealhour Sts	Q.H.
c Hospital or institutions	(c) City or town . Account limits, write RURAL and give town
Franken enare Hocke al	1334 M. Lilmon St.
d Length of stay in hospital or inst. yra, mos. or days) / C. a.s.	If rural give location}
	If foreign born, how long in U. S. A.?
Length of stay in Baltimore (yrs., mos., or days) // months	01 18.
(a) FULL NAME	MEDICAL CERTIFICATION
3 b) If veteran, name war 3 c Social Security Account	
No.	20. DATE OF DEATH Novembers 21939. al. 45 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
Frank Slack divorced Singel	ed deceased from 1 ov. 2 1939. 10 Nov. 12 1939.
b h Name of husband or wife	and that I last saw here alive on Mr. 12 1939.
6 (c) If alive, give age years	Immediate cause of death Busteral Duration
7. Birth date of deceased mo., day, yr.)	+ neu monia
6. AGE: Years Months Days If less than one day	
11 26 hr. min.	Due to fulritional anemia
D. D. Smith	
9 Birthplace (Foun, county, and state)	Due to
10. Usual Occupation Mane	
11. Industry or business	Other Conditions
\$ 12. Name & partier Firmandey	(Include pregnancy within 3 months of death)
	Major findings: Underline the
13. Birthplace	Of operations cause to which death should be
# 14 Maiden Nance France Emple	Of autopsy Bilatual Pneusa snia tically
15. Birthplace 2 2 R	
16 (a) Informant Regima Fernandes	22. If death was due to external causes, fill in the following:
· · · · · · · · · · · · · · · · · · ·	(a) Accident, suicide, or homicide
1, - / 1 4	b) Date of occurrence
17 a Date thereof (Burial, cremation, or removal) (month) (day) (year)	
Cemetery or crematory 2011 Usultur	d Did injury occur about home, on farm, industrial place, in public
	place? While at work?
Location Off . F. F.	(Specify type of place)
18 a Funeral director	(e) Means of injury
b) Address 30 31 was the	23. Signature M. D.
19 a Registrar	Address Franklu og Hop. Date signed 1/12/39
Date sec'd by registrar)	0

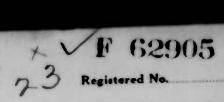
HEALTH DEPARTMENT—CITY OF BALTIMO CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in n hospital or institution, give ite NAME instead of street and number.) CITY OF BALTIMORE: (No./ Length of residence in city or town where death occurred 36yrs. \_\_\_\_\_ds, How long in U. S. If of foreign birth? \_\_\_\_yrs.\_\_\_ If U. S. Veteran specify WAR 2. FULL NAME 110 - 216-09-9597 .....Ward. L / St... (If non-resident give city or town and State) (a) Residence: No. / e (l'sual place of about MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 1939 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) 4. Color or Rare or Divorced (write the word) 3. SEX HEREBY CERTIFY, That I attended deceased from 1939. to Morenter 11, 1939 married polon I last saw h. ... alive on 200 10 134. Death is said to have occurred on the date stated above, at 350 m. Sa. If ma ried widewed, or divorced BUSBAND of (or) WIFE of El The principal cause of death and related causes of 6. DATE OF BIETH (month, day, year) Date of seast If LESS than Months 7 Days Years T. AGE 1 day ......hrs. 52 1011. min. 6 mis 8. Trade, profession, or particular k nd of work dore, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as slik mill, saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and year) occupation 20 12. EIRTHPLACE (city or town) (Impran (State or country) For what disease or injury? Name of operation Trong Was there an autopsy ? What test confirmed diagnosis " 14. BIRTHPLACE (city or town) 23. If death was due to external causes (violence) fill in also the fol-(State or country) Date of injury. lowing: Accident, suicide, or homicide? Hurris 15. MAIDEN NAME us Where did injury occur?.. county, and State) 16. BIRTHPLACE (city or town) \_\_\_ Specify whether injury occurre (State or country) 17. INFORMANT Manner of injury (Address) 11, BURIAL, CREMATION, OR REMOVAL Nature of Injury 14. Was disease or injury in any way related to occupation of deces If so, specify s an Registrar.

VS.3

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	u State Maryland b County	
b) Street address Wyman Fark prive and 31st St.	(c) City or town Laston, Maryland	e town i
d Length of stay in hospital or inst. yrs. mos. or days 6 mo.	Sricer No. Box 319, Faston, arylan	d
d Length of stay in hospital or inst. yrs., mos., or days.  Length of stay in Baltimore (yrs., mos., or days) 30 days.	(e) If foreign born, how long in U. S. A.?	yeary
3 (a) FULL NAME Otto Agaton Hanson		
3 % If veteran, name war Social Security Account	20. DATE OF DEATH NOV. 11, 1939, at 0:	10ÅM
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced Tivorced	21. I certify that death occurred on the date above stated; that i	attend-
6 6 Name of husband or wife Vally Ptereson 6 6 Hahve, give age years		ration
7 Birth date of deceased mo. day, vr Nov. 24, 1899 8 AGE: Years Months Days If less than one day 11 17 hr min.	tuberculosis, both lungs; tot.  opididynitis, left; tuberculous  exext vasitis right. Tuberculous	IOWII
9 Birthplace Out to berg, Sweden Town county and state) 10 Usual Occupation 11 Industry or business Seafaring	Other Conditions	ISICI I N
12 Name Otto Hanson Uttenberg, Sweden Uttenberg, Sweden	Major findings:	YSICIAN
14 Maiden Name Charlotta Olson  15 Buthplace Outtenberg, Sweden	Of autopsy Same as above	
Cemetery or crematory fort Lincoln  Location Washington, D. C.  Address 4907 york Road		I State I

VB 3

### CERTIFICATE OF DEATH



CERTIFICATION	Application of the second of t
PLACE OF DEATH:  Baltimore City, Maryland  Street address SXX Nyma Park Prive and Elst	2. USUAL RESIDENCE OF DECEASED:
Hospital of institution	528 Worket Street
d Length of stay in hospital or inst. yrs., mos., or days 11 days.	(If rural give location)  (a) If foreign born, how long in U. S. A.?  year
FULL NAME RUGOLF FROMS  3 6 Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH November 11, 1939 all:28
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced Single	21. I certify that death occurred on the date above stated, that lattened deceased from Dct. 31, 1939, to liov. 11, 193 and that I last saw him alive on Nov. 11, 1939.
Name of husband or wife 6 c. If ahve, give age years	Immediate cause of death Tuberculosis pulmonary, acute  Duration 4 mo
7 Birth date of deceased mo. day, yr March 30, 1891  8 AGE: Years Months Days If less than one day  11 hr. niin  9 Birthplace Town cunty, and state  A Seaman	Due to Due to
11 Industry or business  12 Name trans  13 Birthplace trans	Other Conditions  (Industry researce) within a months of death)  Major findings:  Of operations
14 Mauden Name	Of autopsy Same as above that
16 (a) Informant Records-II. S. Marine Hospita  16 (a) Informant Records-II. S. Marine Hospita  17 (a) Address Baltimore, Md.  18 (a) Exercise Constant of Marine Hospita  19 (a) Particular Security St. Marine Hospita  19 (a) Date thereof No. 15 17  (b) Date thereof No. 15 17  (c) Date thereof No. 15 17  (d) Date thereof No. 15 17  (d) Date thereof No. 15 17  (e) Date thereof No. 15 17  (f) Date thereof No. 15 17  (e) Date thereof No. 15 17  (e) Date thereof No. 15 17  (f) Date thereof No. 15 17  (e) Date thereof No. 15 17  (f) Date ther	(b) Date of occurrence (c) Where did injury occur) (City of them) (County) (City of them)



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: Baltimore City . PLACE OF DEATH: (a) Stat Maryla ndb) County a Baltimore City, Maryland b) Street address 1274 Washington Blvd. (If outside city or town limits, write RURAL and give town) (c) City or town c Hospital or institution: Street No. 1274 Willshington Blvd. d) Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? Life (e) Length of stay in Baltimore (yrs., mos., or days) a FULL NAME Harriet M White MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH November 13 1939 . . 6. 10AMM 3 b If veteran, name war none 21. I certify that death occurred on the date above stated; that lattend none 5. Color or race 6 a Single, married, widowed, or 4. Sex married ed deceased from 4 divorced. and that I last saw h walive on 11/13 193 white female 6 1 Name of husband or wife Charles E White Duration Immediate cause of death 6 c If alive, give age 50 years Toxema 7. Birth date of deceased mo., day, yr July 14th. 1894 If less than one day Years Months Days 8. AGE: min. 45 Baltimore, Md. 9. Birthplace Housewife 10 Usual Occupation Other Conditions PHYSICIAN 11. Industry or business (Include preguancy within 3 months of death) 12. Name Joseph Fink Underline the Major findings: ause to which Maryland A.A.Co/ Of operations teath should be 13 Birthplace charged status-14 Maiden Name Caroline Michaels Maryland Of autopsy 22. If death was due to external causes, fill in the following: 15. Birthplace A.A.CO. Charles E. Whate (a) Accident, suicide, or homicide b Address 1274 Washington Blvd. (b) Date of occurrence b Date thereof 11/15/1939 (c) Where did injury occur? 17 a Eurial (County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public (Burisl cremation, or removal) Cemetery or cremator, Baltimore Cemetery While at work? Location E. North Ave. Balto. Md. place? 18 (a) Funeral director John J. Cowan & Son (e) Means of inje b) Address 901 Hollins St. 23. Signature Registrar (Date rec'd by registrar)

HEALTH DEPARTMENT—CITY OF BALTIMORE		
1 PLACE OF DEATH 6/0 91. Remoon	13/	
1. PLACE OF DEATH	(If death occurred in	
CITY OF BALTIMORE: (No.	of street and number.)	
Length of residence in city or town where death occurred Ars.	mosds. How long in U. S. If of foreign birth &	
She della face	1f U. S. Veteran	
2. FULL NAME	7	
(a) Residence: No (Usual place of abode)	St., Ward.  (If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Single Married, Widowed.	21. DATE OF DEATH (month, day, year) W. 17 . 1939	
3. SEX 4. Color or Race or Divorced (write the word)	22 I BERERY CERTIFY. That I attended deceased from	
Sa. If married widowed, or divorced	Oct 5 139 to Nov. 12 1939	
BUSBAND of gross motion Leng	I last saw had alive on Mov. 19 39. Death is said	
1 . /3 1867	to have occurred on the date stated above, at	
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:	
72 4 3 30 1 day, hre.		
8. Trade, profession, or particular	your and may recently 1130	
fill had described an entire of		
sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as ailk mill,		
saw mill, bank, etc.	Other contributory cancer of importance. 1931	
this occupation from the and spent in this occupation	Mughulis, cardilis	
12. BIRTHPLACE (city or town) yormany (State or country)	Was an operation perturines.	
# 13 NAME Securish I volud	For what disease or injury?	
13. NAME VILLE (city or town)	What test confirmed fishings was there an autopay was	
(State or country)	23. If death was due to external causes (violence, fill in also the fol-	
E 15. MAIDEN NAME guidenous	lowing: Accident, suicide, or homicide?	
16. BERTHPLACE (city or tuwn) Street	Where did Injury occur?. (Specify city or town, county, and Swate)	
State or country)	Specify whether injury occurred in industry, in home, or in public	
II. INFORMANT PURO, C. T.	place	
(Address) Edgenery parsons 10ms	Manner of in ury	
B. BURIAL, CREMATION, OBJEMONAL	Nature of Injury	
Place Balto. Cem. Deta // 17	24. Was disease or injusy in any way related to occupation of deceased?	
19. UNDERTAKER Jahm / S. Connected	If so, specify	
(Address) ( Gase, 1236.	(Signed) M. D.	
2 . III.I.D Recistrar.	(Address) 447 N. nuvod ~.	

# 6290849099

# CERTIFICATE OF DEATH



() Color		
PLACE OF DEATH:  i) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County	
Street address 4940 Kastern Avenue  Hospital or institution:  Baltimore City Hospitals	(c) City or town   Bel timore   (If outside city or town limits, write RURAL is	and give town)
d Length of stay in hospital or inst. (yrs., mos., or days) 29 (22)		S . years
Length of stay in Bakimore (yra., mos., or days) 35 yrs.		
James Lazarus  3 (c) Social Security Account	MEDICAL CERTIFICATION	55.
b) If veteran, name war		at 2 35 AM
5. Color or race 6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above stated ed deceased from U.J. 10 1939, to how and that I last naw have alive on how. 9 19	, 4 1951
6 (b) Name of husband or wife	a N. a of death	Duration
7. Birth date of deceased (mo., day, yr.) 11/1/1896	Immediate cause of death insperture Cardio vas when chescare	3 your
8. AGE: Years Months Days If less than one day 43 0 8 hr. min.	Due to	
9. Birthplace Greece (Town, county, and state) 10. Usual Occupation Candy Maker 11. Industry or business May Co.	Other Conditions	PHYSICIAN
12. Name George Lazarus  13. Birthplace Greece	Major findings: Of operations	Underline the
14 Maiden Name Pferronia Douri	Of autopsy not dine.	charged stati
15. Birthplace  16 (a) Informant Records  (b) Address Beltimore City Hospitals  17 (a) Garriel (b) Date thereof (11-14-39)  (c) Cemetery or crematory Woodlaum  (c) Cemetery or crematory Saltimore  Location Man Saltimore  18 (a) Funeral director Jahn R. Byers  (b) Address	(d) Did injury occur about home, on farm, industrial place? While at work (Specify type of place)  (e) Means of injury, 23, Signature	nty) (State) place, in pub rk?
19 (a) Registrar	Address Halle Cary To Dute 11	gned "

## MARYLAND STATE DEPARTMENT OF HEALTH

2000		Charles St., Baltimore	909
323,000	CERTIFIC	ATE OF DEATH Reg. Dist. No	
		2. USUAL RESIDENCE (HOME OF DECEASED:	
CE OF DEATH: Rose	land are	State Mary land county	
we calle city or town limits	n, write RURAL NEAR and give town)	City or forth Courtside city or town Junits, write RURAL NEAR and give	d No. town)
dress hospital or institution		3024 Rosalud au	
lospita or ast yes or mos or days		(If rural give LOCATION)	
this community iris or mos, or days		3. b Social Security	Number
FULL NAME	harris		
Inna mai	T Notes married widered, or divorced	MEDICAL CERTIFICATION	0 2111
5 Color or race	1.1.0	20. DATE DE DEATH NOVEMBER 14 19 3	7 213-1-40
male whole	Tow b. nowie	21. I CERTIFY that death occurred on the date above stated: that I attended dece of the state of	lased from
tame of husband or • fe		s nov	
h date of	9 - 1848	Immediate grown of death Choteocyptitis  ma Gueralinga arterio clerosi	DURATION
eased mo day yr Months	Days It less than one day	Acute Choleocysuus	y Heav
GE: Tears	J hrs.	" Gueralned anew cons	7000
maylen	L-	Chrome myoendeles	year
at 37	, county, a d state)	Bue to	
Isual occupation	-0		
Eliotia .	dovell	Other conditions	-
13 Burnolace Beets		(Include pregnancy within 3 months of death)	PHYSICIA
14 Maiden name marche		Major findings  Of operations  Would	Please under the cause to w death should b
15 Birtholice Back	Co. hul		charged statist
interment for w. H.	Pacush (61	Of autopsy noul	
Address 3 . 1 4	Rosslind and	22. VIOLENCE: If death was due to external causes, fill in the following:	
Vision	Date thereof (month) (day) ty	Accident swicide, or homicide	(State)
Vendo Vendo	J, , , , , , , , , , , , , , , , , , ,	Where did injury occur? (City or town) (County)	
White	Stall hely	Injured at home, farm, industry, public place (where?)  Injured at work?	
P. Mr	whelener don	23 SIGNATURE Mathamel Mr. Be Address 2727 4. Charles St Date	at bei
Funeral Birector	to Itall had.	23 SIGNATURE Nathamel M. 1 st	1. 1), or other
Address	The Translation	7727 4. Charles of Date	signed hour
19	Registrar	Address & .	

## CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Lid. (b) County
b Street address 4940 Eastern Ave.	
c) Hospital or institution:	(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Balto. City Hospitals	d) Street No. 1154 Shields Place
d) Length of stay in hospital or inst. yrs., mos., or day	aye) 183 da. (If rural give location)
(c) Length of stay in Baltimore (yis., mos., or days)	WAR 1 1 1 1 1 1 C A 2
3 (a) FULL NAME Louise Jones	(44725)
3 b) If veteran, name war 3 c) Social Securi	The second companies of the second
No.	20. DATE OF DEATH November 12, 1939 . at 1 P. M
4. Sex 5. Color or race   6 (a) Single, married, v	, widowed, or 21, I certify that death occurred on the date above stated, that I attend-
Female Colored divorced Separate	ed deceased from May 13. 1939, to Nov. 12,19 39.
6 b Name of husband or wife Charles	and that I last saw her alive on Nov. 12, 19 39
6 (c) If alive, give age	e years Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Aug. 4,	The said the lung lately
8 AGE: Years Months Days If less than	one day
23 3 8 hr.	min. Due to
Q Barbalana V8 -	
(1 wn, county, and state)	Due to
10. Usual Occupation Domestic	Color Conditions
II. Industry or business	Other Conditions  PHYSICIAN
12. Name John Boone (D)	(Include pregnancy within 3 months of death)
12. Name John Boone (D) 13. Birthplace ? ?	Major findings:  Of operations  Cause to which
	death should be
14 Maiden Name Lillie Arenmer	Of autopsy Vo thanged statla-
15. Birthplace N. Car.	22. If death was due to external causes, fill in the following:
16 a Informant Hospital Records	(a) Accident, suicide, or homicide
(b) Address	
17 (a) (b) Date thereof MY	h) (day) (year) (c) Where did injury occur? (City or town) (County) (State)
(Burial, cremation, or removal)	(City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory	W/Lile at mosk)
Location A A P L (P)	place? (Specify type of place)
18 (a) Funeral director Mrs Maty M. W.	(e) Means of injury
(b) Address 22 V Schricher.	23. Signature Julessu M. D.
1976 V 14 19.95 ( 5 1/1/1/2019)	Address Balto. City HogitalsDate signed 11-13-
there we'd to rest train	TOYBUTH 11 MUCHOS AND THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO

# Prosniewski BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

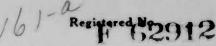


Registed 62911

I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland Ceroline & Olives	a State Mc b County
b) Street address Colonie V Clive	2 1 1:
e Hospitaborgips tution:	(c) City or town Bolling or town limits, write RI RAL and give town)
The Joseph's Hosp.	Dercet No. 1910 Bank St.
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rigal give location)
e) Length of stay in Baltimore (yrs., mos., or days) 30 ym.	(e) If foreign born, how long in U. S. A.? 42 years
Blanche Promiewska_	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH 11-11 19 39 at 9 = PM
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Female white discound apparated	ed deceased from 11-5-3919 , to //-//- 1939,
b Name of husband or wife traul Trosmiewski	and that I last saw her alive on 11-11-1939.
6 o If alive, give age 72 years	Immediate cause of death Bronchisl Duration
7. Birth date of deceased mo., day, yr Upril 20 188-	pueumoma
AGE; Years Months Days If less than one day	110
54 161 hr, min.	Due to Sapplacoccus
Birthplace whow I rand	septicema
(Town, county, and tate)	Due to
10. Usual Occupation	Other Conditions Vialettes
11. le dustry of business	
12. Name Dupolubles Be	(Include programs) within 3 months of death)
13 Birthplace Jukow It bus	Major findings:
14 Maiden Names Maryanna / inska	Of operations   numerical which leath he dd be
15. Birthplace Leckor Prange	Of autopsy tically
	22. If death was due to external causes, fill in the following:
16 a Informant March 12 Bruens for	(a) Accident, suicide, or homicide
	(b) Date of occurrence
17 a SAAA b Date thereof 1 6 13 9	(c) Where did injury occur?
Cemetery or grematory . Maurice	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
Location Mrs. Carquel M. 1	place? While at work?
18 (a) Funeral directo M. T. Jeston	(Specify type of place)
(b) Address 1808 Gooding Clase	23. Signature M. R. Turny
man a 1 1024 frametic six lattering 110	23. Signature M. M. Curry
Date rec'd by registrar!	Address It joughts 1 top Date signed 11/12/39

### F 62912

## CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md. (b) County
(1) Street address Jayette + la albour Pt	
(c) Hospital or institution:	C UV OF IOWN
Franklin Danace Stop.	(If outside city or town limits, write RURAL and give sown)
	Sect No 3413 (Security)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day	ilf rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign barn, how long in U. S. A.?
3 10 FULL NAME James Lee Leusch	ne
3 (b) If veteran, name was 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH //-// 1939, at 4407M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
m w divorced. S	ed deceased from 11 - 10 1939, to 11-11 1939.
	and that I last saw h alive on 11-11 19 3 1
6 (b) Name of husband or wife	
6 (c) If alive, give age years	Immediate cause of death  Petal attlaction
7. Birth date of deceased (mo., day, yr.) 11-10-39	
8. AGE: Years Months Days If less than one day	and possible preserves
hr. min.	Due to
9. Birthplace Baltinon, ml.	
(Iown, county, and state)	Due to .
10. Usual Occupation	
11 Industry or business	Other Conditions
12. Name lekar Leuschon	Include pregnancy within 3 menths of death)
	Major findings: Underline the
13 Birthplace	Of operations cause to which
# 14 Maiden Name Ella May	death should be charged statis-
15. Birthplace	Of autopsy Same tically.
	22. If death was due to external causes, fill in the following:
16 (a) Informant	(a) Accident, suicide, or homicide
(b) Address	(b) Date of occurrence
17 (a) (b) Date thereof	(c) Where did injury occur?
(Burial, cremation, or removal) (month) (day) (year)	(City of fewn) (County) (State)
c) Cemetery or crematory	(d) Did injury occur about home, on farm, in lustrial place, in public
Location WYSRSITY SERVEL NUV 7 4 1939	place? While at work? (Specify type of place)
18 a) Funeral director Whith Salville In Michiell.	(e) Means of injury
	118 Was march.
b) Address Fee H. A. Mogre	23. Signature M. D.
19 (a) (b) Registrar (	Address Thousand Sq. No good 11-13-37
17/2017 100 0 77 11 200000	

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

TIEAETH DEI ARTME	THE CITE OF BALLIMORE
62913 CERTIFIC	SATE OF DEATH 72-B F 62913
1. PLACE OF DEATH	ACO . Registered No.
CITY OF BALTIMORE: (No. 43.04 La	(If death necurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yra,	mg de flow long in U. S. If of foreign birth? yes, inos. de,
2. FULL NAME Calhune Ing	Nock If U. S. Veteran specify WAR
(a) Residence: No. 7 364 Calley C	iter lac, Ward. (If non-resident give etty or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE) 4. Color or Race 5. Single, Married, Widow or Divorced write the wor	22. I HEREHY CERTIFY, That I attended deceased from
5a. If married, wildiwed, or divorced BUSBAND : (or) WHE of	I last anwher alive on 200 10 , 1937 Death is said
6. DATE OF BIRTH (month, day, year) 5-18-192	5 - to have occurred on the date stated above, at 9 m.
7. AGE Years Months Days If LESS the	Traition parts of west of the state of
Trade, prefession, or particular kind of work done, as spinner, sawyer, bookheeper, etc.  5. Industry or business in which work was one, as sitk will, saw mill, bank, etc.  10. Date decesses last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other contributory course of importance  Marked Secondary anemia  Was an operation performed?  Date of
13. NAME Martin J. Cock  14. HIRTHPLACE (city or town)  15. MAIDEN NAME Mary C. Bets  16. BIRTHPLACE (city or town)  (State or country)	Was an operation performed?  For what disease or injury?  Name of operation  What test confirmed diagnosis? Was there an automay?  23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county, and State)
17. INFORMANT Marling J. Rocke  (Address) 4364 Valley Vin Cine  16. BURIAL, CREMATION, ON BEMOVAL  Place / Voly Diclemen Date / 15.  19. UNDERTAKER (Address)  M. FELED	Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of daceased?  (Signed)  (Signed)
(), Keyistr	(Address) L 7000 W

#### F 62914

#### BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

Registere 182914

	2 USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State hand (1) County Home	ed
Street address Hospital or institution	City of town Faure (If city of town limits, write RURAL	and give town)
University Hospital  I Length of stay in hospital or inst. yrs. mos., or days 28 hrs.	Street No. Montgomery St.	
Length of stay in Baltimore (yrs. mos., or days 28 lyro.	e If foreign born, how long in U.S.A?	years
FULL NAME JAMES RUSSELL M	VICHOLS	
(h) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Nov 1462, 1939	. at 4 2 M
Sex bale 6 12 Single, margred, widowed, or divorced single	21. IHEREBY CERTIFY, That I took charge of the remahove, held an surgestion thereon and from	nains described
Name of husband or wife 6 c If alive, give age years	obtained by said A granting find that said of	deceased came
Birth date of deceased mo, day, yr ten (, 1907)  AGE: Years Months Days If less than one day  hr. min.	Immediate cause of death  A racture & shull	Duration
Birthplace Lawel and	Pue to	
10. Usual Occupation Carpointer  11. Industry or business Change	Due to	
12 Name Carnel Michel	Other Conditions	
2 13 Birthplace and.	(Include) regularly within a manife of death  Major findings:	PHYSICIAN Und rline the
14 Maiden Name Miscilla, Attuly	Of operations	death hould be
16 a Informan Worothy Cusenherg	Of autopsy	tirafly
Address Ragales, My	[1] [A . [] [] [	- 1
(Bortal, cresention, or verminal)	Where did injury occur)	nty) (State)
Location Turisly 1	Did injury occur about home, on farm, industrial place? While at wo	place, in public
18 0 Funeral director Child Condition	William Control	
19 and Address (Marie ) I ama, Il	3. Signature 3. L Williams L. A. Date argued 1 ov 14 44 1939	_ N( )

#### HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 62915 Registered No .... (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. The Johns Hopkins Hospital'st. ds. How long in U. S. If of foreign birth? ......yrs..... Length of residence in city or town where death occurred .........yrs. H U. S. Veteran specify WAR Keene 2. FULL NAME (a) Residence: No. 1513 MElderry Ward. ... (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, vent) November 8, 1989 5. Single, Married, Widowed. 4. Color or Race I HEREBY CERTIFY, That I attended deceased from S. SEX or Divorced (write the word) November 7. 1039 to Dovember 8. 1939 Single Slack male I last naw him alive on November & 1939. Death is said Sa. If merried whened, or diversal HUSBAND of to have occurred on the date stated above, at Ni460c. (mr) WIFE of 6. DATE OF BIRTH (month, day, year) November 7,1939 The principal cause of death and reinted causes of important e were an follow Muthe MEMBERTH ? IL 11-1-5 7. AGE Years I day, bhrs. Latra - Cranial min. hyara Ephalus, sught A Trade profess n, or particular blind of work done, as spinner, 2000 sawyer, boolkeeper, etc. 9. Industry or laines in which Other contributory consen of importance: work was done, as ask mill, SHOP saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at spent in this none the occupt in (month a d 2000 Was an operation performed? -12. BIRTHPLACE (city or town) Baltimore (State or country) For what disease or injury? Name of operation A. C. h Loseph Was there an autopsy ? What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town). Maryland (State or country) lowing: .. Date of Injury ... Accident, suicide, or homicide? .... MOTHER 15. MAIDEN NAME (Specify city or town, county, and State) Where did injury occur :.. Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (State or country) place II. INFORMANT Manner of Injury (Address) IS. BURIAL, CREMATION, OR REMOVAL Nature of Injury ,

5180

BOPKINS MEDICAL

19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased?

(Address) was life from 12 st ita

.If so, specify

#### CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT

	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH Baltimore City, Maryland Baltimore, Mrd	10 State lud (b) County Backs
Street address	(If outside city or town limits, write RURAL and give town)  (Street, 3203 Philps F
Hospital or institution:  St. agues   Hospital  Length of stay in hospital or inst. (yrs., mos., or 3 yr 2 from the Length of stay in Baltimore (yrs., mos., or day from the stay in Baltimore (yrs., mos., or day from the stay in Baltimore (yrs., mos., or day from the stay in Baltimore (yrs., mos., or day from the stay in Baltimore (yrs., mos., or day from the stay in Baltimore (yrs., mos., or day from the stay in Baltimore (yrs., mos., or day from the stay in the stay in Baltimore (yrs., mos., or day from the stay in	(If rural give location)  (e) If foreign born, how long in U. S. A.?  years
FULL NAME Paymond mitchell	MEDICAL CERTIFICATION
3 c Social Security Account No.	20. DATE OF DEATH //-/3- 1939, at/o. C. M
Sex 5 Color or race 6 a Single, married, widowed, or.  Mile White divorced Single  Single  Mingle  Min	above, held an thereon and from the evidence obtained by said (Autopay or Inquiry) find that said deceased came (Autopay or Inquiry) to his death on the day stated above.
7 Birth date of deceased mo. day, vr Vally 7 1900 8 AGE: Years Months Days If less than one day	Immediate cause of death Shock -
10. Usual Occupation  11. Industry of bus ness  (Interpolate Augustin Control	Due to Borhen Bock  Freetral Rebo.
12. Name Robert B. Mitchell 13. Birthplace 14. Maiden Name Mary huritin 15. Birthplace Ua.	Other Conditions  (Include in grant, within 3 months of death  Major findings: Of operations  Of autopsy  Of autopsy  Of autopsy  Of autopsy  Other Conditions  FHYSICIAN  Underline the cause to which death should be charged statistically.
16 in Informani Ella 1. Boughane  Address 20 126/12 Louis  Date thereof 11/15/39  Cemetery or cremator  Location  18 in Funeral director d'élique Cont  Address 12/2 25. Pun 2 5.  Recistrar	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (i) Due of occurrence (1-13-39)

### 62917

#### BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF DEATH 216-M Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimure City, Maryland  3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	a State MI (b) County	
	a State / County	
Street address Hospital or institution:	(c) City or town	and give town)
annersy Horfisal	In 2.2 Vr Franklin	SI
	1 Street No 717 W - Frederick location	
Length of stay in hospital or inst. (yrs. mos., or days)	18 foreign born, how long in U. S. A.)	years
Length of stay in Baltimore (yrs_mos., or days)	W It foreign both, now long in C. S	
(a) FULL NAME Henry Brown		
(b) II veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
Walds War No.	20. DATE OF DEATH //- 1939	, at 3 , a M
Sex 5 Color or race 6 (a) Single, married, widowed, or	21 THEREBY CERTIFY. That Itook charge of the ren	nains described
wale Col. divorced arried	above, held an another thereon and from	n the evidence
manual.	(Autopsy or Industry)	decensed came
h Name of husband or wife	obtained by said aut for find that said	Comment Control
6 c) If alive, give age years	to, two death on the day stated above.	
Birth date of deceased mo. day, yr	Immediate cause of death	Duration
AGE: Years Months Days If less than one day	Fractioned Skull,	
45 hr nin	Rustmand Heart	
Buthplace Workerung	Immediate cause of death  Freetweet Shall,  Rugtured Heart  Due to and Jiver	
10. Usual Occupation Parter	Dur to	
11 Industry or has ness	Date to	
	Other Conditions	
12. Name Unknown		PHYSICIAN
18. Birthplace Um Senom	(Include are water, within 2 months of death)	-
4 Marien Name Unknow	Major findings	Underline the
Mallen Name Carolina	Of operations	death should be
5 15 Britishace Workering -	Claurops as above	harrel water-
15. Birthplace Unkerning		
MAddress 7/7 20 Frankler dt	22. If death was due to external causes, fill in the f	elde
	9 Accident, surcide, or hornicide  Accident, surcide, or hornicide  11 - 11 - 3 9	
17 a Circal Date thereof New 16 193;	B .	
Cemetery or Gernatory Ballimil Nat Consile	(e) Where did injury occur) (Con or thun) (Con	inty) (State)
Cemetery or clematory		I place, in public
Location Fredrick are	While at wo	ork?
18 (a) Funeral director youlgh Goliveles	M ans of injury of to make by his auto-	grandelin a
4191 Mount Sheet	200	suio M.D
Address & agod Mount Nech,	23. Signature A Medical Examin	er
19 m	Date signed 1171-39	

### 62918



1. PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:
a Baltimore City, Maryland	(a) Stallangland County
1400 Caroline St.	a standard county
(b) Street address 1400 Caroline St.	(c) City or Hamilton - Politica as City of the life outside city or town limits, write RURAL and give your
(c) Haspital or institution: St. Joseph's Hospital	
or goupes or y	de Sura No 2703 Haleye ave
d Length of stay in haspital or inst. yrs., mos., or days) 13	
(e) Length of stay in Baltimore yrs., mos., or days 22411.	o If foreign born, how long in U. S. A.?
3 (a) FULL NAME pro alice &	2. Saugh
3 (c) Social Security Accour	MEDICAL CERTIFICATION  20. DATE OF DEATH Nov. 13 1939, at 2 A
4 Bex 5. Color nr race 6 og Single, married, widowed,	
T dispreed	ed deceased from Oct 3/ 1939. 10 hor/3 195
L ula	and that I last saw her alive on hor 13 19 3 9.
6 h Name of husband nr wife	In the distance of death Duration
	aspiration preminania 5 da
7. Birth date of deceased mo, day, yr Jept. 17-1901	
O AGE.	in. Due to Frachestomy 13 da
38 / 27 - hr - mi	0
9. Birthplace Fre devices County lud.	Due to
10. Usual Occupation House wife	0.1
11. Industry or business at Office	Other Conditions Post operation 8da
Cl. A Carried	(Include presenting within a months of death)
12. Name Eli. D. Crauer	1 1 1 1 n 1 n n
13. Birthplace Inary Land	Of operations adensma of cause to wit
14. Maiden Nageelia Groshow	thereid (topic) death house hard death
14 Maiden Name	Of autopsy tieally.
9 15. Birthplan Maryland	22. If death was due to external causes, fill in the following:
16 10 Intoffen. Gleine baugh	(a) Accident, suicide, or homicide
1) Address 7703 Italcyse ave	(b) Date of occurrence
Date thereof /1 - 14 - 5	Where did injury occur?
(month) (day) (ye	(fill) Ot fow my
Cemetery or cretataleca Charge Cee	d Did injury occur about nome, on fairth, industrial place,
Location Telederical Eventy Nec 18 Funeral director F. B. Mappert + So	(Specify type of place)
18 a Funeral directof f. B. Mappert + S.	(e) Means of injuga
Address 1200 Ent and Plan	
	12 Den 1 . Olympa
19 (a) Date red discrept tears on / relations	Address t. Joseph's /toppare signed /1-13
(Date Fit a by Fry Line)	V

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 62919 2. USUAL RESIDENCE OF DÉCEASED : 1. PLACE OF DEATH: (for a) Simanyland County (a) Baltimore City, Maryland (c) City or sown Ballewore City c. Hospital or mistitution dy Street No. 2684 Wilkers d Length of stay in hospital or inst. yrs., mos., or days (e) If foreign born, how long in U. S. A.) Length of stay in Baltimore yra., mos., or days hefe 3 a FULL NAME vargaret MEDICAL CERTIFICATION 3 C Social Security Account 20. DATE OF DEADNOVELLE LEV 131939. at 1. alm 3 h If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed deceased from Oct 15 19 8 9, to Wor 13 19.39 and that I last saw her alive on hor 1 19 39. 6 b Name of husband or wife Louis Immediate course of death Coudin Distalu 6 c If alive, give age 7. Birth date of deceased mo, day, yr mar. 7-1854 If less than one day Due to Muyveurch 8 AGE: Years Months 9. Birthplace Balliune Other Condition of Heur Salores 10. Urual Occupation House wirfe Itome ! at PHYSICIAN 12. Name Truis Schwidt (Include programcy within 3 month of death) Under no the Major findings: ause to which 13. Birthplace Lerusaury Of operations death hould be 14. Maiden Na Elizabeth Blindenty harged statis-Of autopsy Luciany 22. If death was due to external causes, fill in the following: 16 (a) Intor Thro Ofenny Murgliche (a) Accident, suicide, or homicide 1) Address 2684 Wilkers are b Date of occurrence 17 (a Burial b Date thereof 11-15=39 (month) (day) (year) c) Where did injury occur? tity or town) d Did injury occur about home, on farm, industrial place, in public (c) Cemetery or crematory Loudow Park While at work? Location 3 80/ Trederick Circ City place? Specify type of place. 1800 Fureral director J. R. Hippert +3 in e) Means of injur my assuran h) Address / do. Entaer Place Address Soo BEN. W Jarge cles & signed 11/14/39 Dat reed by registers De Glassenau

# HEALTH DEPARTMENT-CITY OF BALTIMORE

GERTIFICAT	E OF DEATH 82-N F 62920
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 746 Grantle	Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred tiple	mosds. How long in U. S. If of foreign birth?yrsmosds.  If U. S. Veteran.  specify WAR
(a) Residence: No. 746 Grantley &	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) Willow	21. DATE OF DEATH (month, day, year) Nov / 3 , 1939  22. I HEREBY CERTIFY, That I attended deceased from 19.88 to 19.3.9
Ba. If inserted widowal a divorced  Hi SBAND of Cale Edward & Harris  (or) WIFE of Cale Edward & Harris	I last saw have alive on 19.8 Death is said to have occurred on the date stated above, at 3.9 m.
c. DATE OF BIRTH (month, day, year) Many 21-1767  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance were as follow.
2 5. Trade, profession, or particular shad of work done, as spinner,	arteus - relevous
sawyer, beckkeeper, etc.  9. Industry or business in which work was done, as silk mill, asw mill, bank, et  10. Date decensed last worked at this order ation (north and year)  apent in this occupation (court and year)	Other contributory causes of importance of populary ladd
12. BIRTHPLACE (city or town) all [State or country]	Was an operation performed.  Date of  For what disease or injury?
E 12. NAME Silas Davis	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Date of injury
15. MAIDEN NAME Colvecta Jarts -	
16. BIRTHPLACE (city or town)	Where did injury occur?
15. INFORMANT Mr. John & Ferry (Address) 7246 Grantley st	Manner of Injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
Place Low how Park Data MY-10 47	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER Gles. Z. Begger gr (Address) /5/2/10 Clein H	(Signed) YNB our and hard M. D.
20. PILED Rogistrar.	2710 garren 13 hd

#### F 62921

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATHV82- ( Registered No.

16127 SD F 62921

CEMIFICATE		
And the second s	2. USUAL RESIDENCE OF DECEASED:	
b) Street address  (c) Hospital or institution:  Baltimore City Hospitals	(c) City or town (If outside city or town limits, write RURAL  1814 Chi E for S.  1814 Chi E for S.  18 rural give location)	and give town)
the second of the VIS., most of the	If rural give location)  If foreign born, how long in U. S. A.?	years
3 a FULL NAME William B. Smith	MEDICAL CERTIFICATION	4000
No. No. No.	20. DATE OF DEATH Www.len 14 1939	at 0- H M
4. Sex   5 Color or race   6 (a) Single, married, widowed, or divorced   Widowed - Sep.	21. I certify that death occurred on the date above state ed deceased from may 15 1930, to how and that I last saw how alive on how. 14 19	ander 14 19 34 ,
6 b Name of husband or wife Maggie 6 c If alive, give age years	Immediate cause of death Cerelia I hemorrhage	Duration 10 menutes
7. Birth date of deceased mo. day. yr Nov. 22, 1863 8. AGE: Years Months Days If less than one day 75. 11. hr. min. 9. Birthplace Calvert County, Md. 10. Usual Occupation Wood Turner	Other Conditions	PHYSICIAN
Joseph V. Smith	Major findings:	1 nd r in 1 e
13 Birthplace Cornelie ?	Of operations	lah hadibe
15. Birthplace Md.	Of au opsy  22. if death was due to external causes, fill in the  (a) Accident, suicide, or homicide	
16 (a) Informant Records  (b) Address BaltimoreCity Hospitals  (b) Date thereof /16/39	b Date of occurrence  (c) Where did injury occur?	enty) (State)
Cemetery or William Cook  Location  18 a Funeral director William Cook  18 a Funeral director William	d) Did injury occur about home, on farm, industri place?  (Species type of place)  (Means of interpretation of place)  23. Signature	al place, in publi
19 19 = 1939 Profite the state of the Rose train	Addres Belle City Hey Date	signed [174]

### CERTIFICATE OF DEATH

AH Registered No.

THE OF REATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State MA (b) County	
Daitimore City, Many Land		
Street address 721 Mit Holly 4	(c) City or town (If outside city or town limits, write RUR)	AL and give town)
Hospital or institution:	(If outside city or town limits, write house	1 phone
	d Street to. 72 Mr Holly	) ·
the last rest was most or days	(If rural give location	,
d Length of stay in hospital or inst. yrs., mos., or days	(e) If foreign born, how long in U. S. A.)	years
Length of stay in Baltimore yrs., mos., or days	The state of the s	
FULL NAME Ella 2. Renner	, OFFICIATION	
2 Se in Security Account		A 61
h If veteran, name war No.	20. DATE OF DEATH NOV 13 193	7. at 2p. M
Sex 5. Color or race 6 (a) Single, married, widowed, or	I the date shave st	sted: that lattend
sex divorced: Willand	11 - 10 / 19 / 10	17/
Temple White Midowla	and that I last saw h Calive on hory	19 37.
Name of husband or wife albert N. Renxer years	· · · · · · · · · · · · · · · · · · ·	Duration
O C) II alloci give	Cornary Throbsis.	Ida.
7. Birth date of deceased mo, day, yr. Stat 192 1873	Country	
8. AGE: Years Months Days If less than one day	Due to Sepulersion	3yn
, , and he min.	Due to o the little to	0
66 Balts md	16	
9. Birthplace (Town, co. nty, and state)	Due to	
1 + Ibrand 9		
10. Usual Occupation  11 Industry of husiness	Other Conditions	
11. Industry or business  Nemmerten	(Include pregnancy within 3 menths of death)	PHYSICIAN
# 12. Name . NE my me 27	Major findings:	Underline t
13 Birthplace Un/(nown	Of operations	cause to whi
		death should harged stat
14 Maiden Name Ville Minu Frieder	Of autoney	tically.
	Of autopsy  22. If death was due to external causes, fill in th	e following:
16 (a) Informan Ma Vasper W. Wolfe  16 (a) Informan Ma Vasper W. Wolfe  16 (a) Address 4 32 Frederick Rd Informan	22. If death was due to external causes, in	
16 a Informant & Rd Detroise	(a) Accident, suicide, or homicide	
Address 9 2 Vickeriei	(b) Date of occurrence	
17 a Surial (b) Date thereof (month) (day) (year	(c) Where did injury occur?	County) (State
Burial Committee of the Park III	(d) Did injury occur about home, on farm, indust	rial place, in put
(c) Cemetery of creations	While at	work?
Balto nex.	place? (Specify type of place)	An and
Location William Cook		14 np mile
18 a) Funeral director	23. Signature Emforms 7.	w n
b) Address	23. Signature	1) (11)
by the first world bet	Address 806 h Fuller fre Date	e signed on 14%;
19 4 Registrar	Address 0 0 0 17	

		13   Registered No.	100
	RTIFICATE OF DEATH	13   Registered No.	
BALTIN	TITICATE OF DEATH V		0.14-15
	RITTION OF DE	ECEASED:	
62923	2. USUAL RESIDENCE OF STATE SHAPE	C 657	
	sing Jud	County	
PLACE OF DEATH:	(c) City or town 3 (d)	Comme RIVAL and give	East II )
Baltimore City, Maryland	City or town	ty or town limit	
S your est	1 0 21	ile sour	
PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address 8 York Courts  c) Hospital or institution:	A Street No. 0	Stitusous RIVAL and RIVAL and RIVAL BOULT	vents
(c)		1 - r in U. S. A.?	
al or inst. yrs., mos.,	or days)	long in	
d Length of stay in hospital or inst. yrs., mos., or da	ys)		
d Length of stay in Baltimore (yrs., mos., or da	01-0-	ICAL CERTIFICATION	
2 Length of atay in Baltimore (yra. 1) 3 Margoret. H. Mc-King 3 (2) Social	, Steele MED	Mor 3 1939, at 1939, at occurred on the date above stated; that	M
STILL NAME of H, MC= NULL	A count	Man or /U	lattend-
margore 3 (c) Socia	20. DATE OF DEATH	occurred on the date above stated; that server 1939, to the 1939 and 1939 and 1939	1034.
3 b le veteran, name war No.	widowed, or 21. I certify that death	Jasus 1939, 10 M. 14	
C. and a re-	ad deceased from		
5 Color of the	and that I last and	alive on	Duration
Feind Mluts Lewy	M. Steel years Immediate cause of death	6	malk
Terna Jewy	in age years Immediate cause	is garyping	
Feinel Mits Jewy /	v 21º1869 Tuyorad	avasarea	
day, yr	you al los		
7. Birth date of deceased mo, day, yr. M. ACF. Years Months Days	less than one day		
7. Birth date of decease Months Days If	hr		
19	Med 29 Due to		
Baltimore	und intel	andhite Chime	- TOTAL N
9. Birthplace Paltimon (Town, count)	Due to Other Conditions	Reflicte Chinic	PHYSICIAN
10. Unual Occupation	Other.	rancy within 3 months of death	Underline the
10. Unual Occupations	Vinclude Frex	lan y	THE PERSON NAMED IN
10. Unual Occupation 11. Industry or business 12. Name Hollins Mc	Major findings:	-	death should be charged static-
12. Name Hollins Me 13. Birthplace Balting	West Of operations		tically-
E Distantage /Salting	2 shills		lawing:
Le Barrell	Of autopsy	remal causes, fill in the for	10
13 Birthplace Bliga 14. Maiden Name bliga 14. Maiden Name bliga		due to external causes, fill in the fol	
15. Birthplace 91 W. St.	April April April 1914	10.	
			nivi (State)
16 (a) Informant of Works &	How 15 37 (a) Where add	ccur about home, on farm, industrial	place, in pub
h Address b Date	thereo (month) (det) (year) (c) Where old	about home, on farm, industrial	rk?
Swyla	(d) Did injury	While at wo	
17 a Rurial, cremation, or removation	place?	Specify type of place)	
			1
Location Collision	Moukin And (e) Means of i	J.a. Ch	in 1
Location Leusy 1	The 111 23. Signature	11 out the Date	igned
18 2 Funeral director	772 000	00 4 0	
b) Address School	Roberts Address C		
(b) 4 = (b) 4 = (b)			
19 4) Dute room to recent ran	01		

1.2 3

THENT GHEREGISTERED No.

0 1 1000	Z. USUAL RESIDENCE OF BECELOR	
PLACE OF DEATH: 400 Block Notarles	1 / 1	
Baltimore City, Maryland	a State That in County	
The Hand I total	Conlets more.	
Street address	City or town (If outside city or town limit, write Rt'R	AL and giv town)
Hospital or institution:	all outside city of them in the state of the	
	Wil Street No. 104 E Biddle St	
	If rural give legation	)
Length of stay in hospital or inst. (yrs., mos., or days)		404.50
1 71 40 1	e If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days) 7/ year .		
The state of the s		
a FULL NAME Lille Detrick	CERTIFICATION	
2 S -1 Security Account	MEDICAL CERTIFICATION	100
o il veteran, name		1 . at 12 P. M
No.	ZU. DATE OF DEATH	
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above st	red, matratteride
divorced.	11 1900 , to	16 16 1001.
Tomale Suite reglie	and that I last saw h he alive on her 14"	1939 .
(b) Name of hurband or wife		Duration
6 o If alive, give age years	Immediate cause of death	Darstion
11 .4 18 -4	aux Comey Thenton	- 1
Birth date of decensed (mo, day, yr. ) 1859		10 days
AGE: Years Months Days If less than one day		
, AGE: min	Due to	
80 7 22		
Burbolace Frederick Country. maryland	Due to	
Birthplace (Town, county, and state)	Due to	
10. Usual Occupation		
	Other Conditions	
II. Industry or business		PHYSICIAN
12. Name Louis F. Witrick 13. Birthplace haryland	(Include) regulates within 3 months of death)	
12. Name Soul mary/and	Major findings:	t'aderline th
13 Birthplace	Of operations	heat) is let b
No. A. III and A. A.		) arged statis
	01	timily
5. Birthplace Phanier. 1/2. Conady Irania	Of autopay	- following:
1). Birchpiace	22. If death was due to external causes, fill in the	e tottowing.
16 a Informant	a it a miside or homicide	
h Address Alizero as hard		
D	9 h Date of occurrence	
17 milate () Date thereof	where did injury occur.	County) (Stat )
Burial, cremation, or removal)	(d) Did injury occur about home, on farm, indust	rial place, in publ
( Cemetery or cromatory Landon are	(d) Did injury occur about nome, or the at	work)
B. of md	place? While at	W. C. K.
Location Develop	Specify type of place)	
VV The head to	Means of injury & Some	
18 a Funeral director renny	The working	
b) Address M Cullon Culina	25. Signature	M. (1
(i) Address 175	Address huston, me Date	e signed

HEALTH DEPARTMENT-CITY OF BALTIMOREC 32925 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. mon da Mow long in U. S. If of foreign birth? ......yrs ... Length of residence in city or town there death occurred. If U. S. Veteran specify WAR 2. FULL NAME .... .....Ward. ... (a) Residence: No. ... (2) tlf non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) 4. Color or Race 3. SEX attended decenned from I HEREBY CERTIFY, That I inoured 11-12-3919 wed, or divorced I last saw hour alive on 11-12-39, 19 Death is said HUSBAND of to have occurred on the date stated above, at. 4.4.5n.A/M (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) If LESS than Months Davs Years T. AGE 1 day ..... hra. min. b. Trade, profession, or purticular kind of work done, as spinner, sawyer, bockkeeper, etc .... 9. Industry or business in which work was done as silk mill, Other contributory causes of importance: saw mill, bank, etc. II. Total time (years)
spent in this 10. Date deceases last worked at this occupation (month and occupation YOUT! Date of Was an operation performed?-12. BIRTHPLACE (city or tow (State or country) For what disease or lajury? -13. NAME What test confirmed diagnosis Was Name of operation Was there an autopsy 14. BIRTHPLACE (clty or town). 23. If death was due to external causes (violence) fill in also the fol-(State or country) lowing: Accident, suicide, or homicide?\_\_\_ ... Date of injury ... 15. MAIDEN NAME Where did Injury occur?..... (Specify city or town, county, and State) 16. BIRTHPLACE (city or town) Specify whether injury occurred in industry, in home, or in public (State or country) place .... 17. INFORMANTA Manner of injury (Address) Nature of injury 24. Was disease or injury in any way related to occupation of deceased? LAL If so, specify (Address) (Address) 20. FILED.

2926

# HEALTH DEPARTMENT—CITY OF BALTIMORE 62926

2926 HEALTH DEFAILT	- 10CB
CERTIFICA	TE OF DEATH J 95
1. PLACE OF DEATH Linai Hospi	Registered No
I. FLACE OF DEATH SQUARE	(A Wheel) are its NAME instead
CITY OF BALTIMORE: (No. Batter	monds. How long in U. S. If of foreign hirth Vira
Length of residence in city or town where death occurred yra.	If II. S. Veteran
11	Jen
2. [ ] [ ] [ ] [ ]	h Ane - Ward.
(a) Residence: No. 2 021 Malbroa	(If non-resource pro-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I a stanta Married Widowed	21. DATE OF DEATH (month, day, year) / 19
3. SEX 4. Celor or Race or Divorced (write the word)	22. I HERRHY CERTIFY, That
May white many	10/20/37.19 to 1/37: Fronth le mild
Sa. If married widowed, or process	I take aux h Gas alive on
(or) WIFE of	to have occurred on the date stated above, at 8 m.
6 DATE OF HIRTH (month, day year)	The principal cause of death and related causes of misertanes were as follows:
2 AGE Years Mccolos	( ) Klemator
	- 3 Ant acute
Frade, profession, or particular balls work done, as spinner,	andrewell flullelet
E hand of work done, an apinner.  E hanyer, bookkeeper, etc.  S. Industry or husiness in which  S. Industry or husiness in which	(2) Herri
an mill hank, etc.	(hher contributory
2 16, fure decensed last worked the occupation (month and	
1	Date of
12. HERTHI ACE (city or town) Hussey	Was an operation performed Date of Pare what discuss or injury?
7.1	Name of operation
14. BIRTHPLACE (city or low) Puses	Was there an acopay / //
16. BIRTHPLACE (city or town Pusces)	an 16 doubt were due to external courses (vicientes)
- 18	lowing: locality loca
15. MAIDEN AND	Where did injury occur? (Specify city or town, county, and State)
5 16. BIRTHPLACE (city or town) Question	Specify whether injury occurred in industry, in home, or in publi
Hart. Newads	place
II. INTURMANT	Manner of injury
18. Ht RIAL, CREMATION OR REMOVAL.	Nature of lastr
Herring (un total 1/10/31)	26. Was discuss or injury in any was related to occupation of december
Seel- Jeurs Inc	If an everything the contract t
19. INDERTAKER JULY 9 E. Balto St	- Signed Theresale
Mary 19 At 19 At William	(Address) Lana Hoper
20. 111 AD J V 1 5 1000 Thurses on Three and	P. O.
La contract of the contract of	

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
2 C8 N. IME IJ	A	
The state of the s	(c) City or town	
(e) Hospital or institution:	ilf outside city or town limits, write RURAL	ard give few t)
	LASTER No. 258 1. MILLIAM	
d Length of stay in hospital or inst. (yrs., mos., or days)	(If reval give location) (c) If foreign born, how long in U. S. A.? 554	A years
(e) Length of stay in Baltimore (yrs., 1110s., or days)	(i) It tolergn both, now long in a con-	
3 a FULL NAME Jumon Scherr	MEDICAL CERTIFICATION	
3 (c) Social Security Account No.	20. DATE OF DEATH WW . 13 1939.	199. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above stated	d, that lattend-
make white divorced waywad	ed deceased from Ming 13 1939, to how	13 1939.
Winnie Johan	and that I last saw how alive on nov 1? 19	39
6 h Name of husband or wife 6 c If the give age years	Immediate cause of death	Duration
	Myora chilis	
7. Birth date of deceased mo, day, yr		
8 AGE: Years Months Days If less than one day hr. min.	Due to arterior relevosio	
9. Birthplace (C. W. C. Collect, and state)	Due 10 Semble Bementia	3 montes
10. Usual Occupation	01 6 16	
11. Industry or business	Other Conditions	PUNCTAN
# 12. Name to Jamuel Jenevi	In sude pregnancy within 3 months of death	PHYSICIAN
	Major findingst	Underline the
13. Birthplace	Of operations	cause to which death should be
14 Maiden Name		charged statis-
15. Birthplace	Of autopsy	tically.
15. Birtiplace	22. If death was due to external causes, fill in the fo	llowing:
16 a Informant	(a) Accident, suicide, or homicide	
(h) Address 200 M. 1 mg 12	b) Date of occurrence	
17 (a Date thereof //- /5/39	Where did injury occur?	
therial remation, or removal, (nighth) (day) 0 out	(City of town)	
Cemetery or crerentory	(d) Did injury occur about home, on farm, industrial	place, in public
Location "W" Kd"	place? While at wor	k?
18 a Funeral director Lack hours has		
1 3 8 VG   ha 0 the 1/1	(e) Means of injury In Tullaren	m
(b) Address 1939 4. Salah (b)	23. Signature	14 D
19 (a) Beate rec'd by registrart	23. Signature The M. Tullare signature Address 332 Perstantion Separation	ned /14/18

VS 4

# CERTIFICATE OF DEATH

F 62928
Registered No.

	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  Baltimore City, Maryland  Starto. Md	a State W () County
Street address 117 String 32	(c) City or town (If estaide ity or town limits, write RURAL and give town)  (If Servet No. 1/7 D. Story (If rural give location)
d Length of stay in hospital or mest, (yin, mos, or days)	(If rural give location)  (a) If foreign born, how long in U. S. A.?  years
10 FULL NAME Robert D. Gilmone	
(b) li veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
Sex 5 Color or race 6 a Single, married, widowed, or divorced  Name of husband or wife Florance 6 of If alive, give age 7 4 years	above, held an thereon and from the evidence obtained by said (Anton or II), (Anton or III), (Anton or
7. Birth date of deceased mo. day, yr any. 2, 1866.  8. AGE: Years Months Days If less than one day  hr min.	Immediate cause of death  Coronary Florondrais  Duration
9 Birthplace Backmins Md Town, colinty, and state)  10. Usual Occupation Jaborean  Took Marchet	Due to Benerolayet althers -  Due to Serverological Althers -  Other Conditions
12 Name Rolf Belmone 13 Birthplace	(include pregnancy within a minths of death)
14 Maiden Name	Major findings:  Cf operations  Of autopsy  Underline the auto-which death should be charked statistically.
16 (a) Informant Florence Selevice  M. Address 117 D. Defrug  17 12 Date thereof 11-16-39  17 12 Date thereof (manth) (day) (year)	22. It death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
Cemetery or crematory of Malling 5 Location Mart Casual Craol	(City or town) (County) (State)  (Did injury occur about home, on farm, industrial place, in publiplace?  (Specify type of place)
18 a Funeral director fleudiff of the first	(c) Means of injury  23. Signature Howard Medical Examiner  Date signed 11-14-39 Medical Examiner

1929 HEALTH DEPARTMENT	CITY OF BALTIMORE 62020
2.12.1	E OF DEATH V 95-D
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1997)	Registered No
Length of residence is city or town when	mos da. How long in U. S. If of foreign lirth "yremosde.  If U. S. Veteran  *pecify WAR
2. FULL NAME wary manley	W
(a) Residence: No Y Y Turk I Would place of abody	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. Color or Race S. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) //- / , 1939  22. I REREBY CERTIFY, That I attended deceased from 1939. to 1/-/4 , 1939.
Sa. If married widowed or divoyed HI SBAND of firsate fales Manifey (or) WIFE at firsate fales Manifey	I last saw hC.7 alive on 1/-/4 , 19.29 I leath is said to have occurred on the date stated above, at 12:15 p.m.
6. DATE OF BIRTH (month, day, year) 1905  1. AGE Years Months Days If LESS than 1 day, hrs.	The principal cause of death and related causes of importance were as follows:
Trace profession, or particular	Rhematic C-V-Dision 10-15-3
s Industry or business in which a done, no silk mill,	Other contributory causes of importances
be, that deceased last worked at this occupation (morth and occupation)	
12. BIRTHPLACE (city or town) Land	Was an operation performed
E 13. VALLET GOVERNON LOND LOND LOND LOND LOND LOND LOND L	Name of operation Was there an autopay?
1 State of country)   O land	What test confirmed diagrasss.  23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homiside?  Date of injury
16. BIRTHPLACE (city of grave)	Where did injury occur:  (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
11 INFORMATION STATES	place
18 HI RIAL CHEMATION, OR REMOVAL  TO TA Terriclans That No V. 17 103	Manner of injury  Sature of injury
12. INDIBITABLE Tred W. Ozozewski	24. Was disease or injury in any way related to occupation of deceased.
1930 Casary July	(Sixned) Subtraction M. I
20. FILED Registres	
Left of the state	

# F 62930

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH &

F 62930

Registered No.

62930	CERTIFICATE		
		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland		(a) State (b) County	
Street address 1105.	Pratt st.	(c) City or town (If outside city or town limits, write RURAL (If rural give location)	and give town)
Length of stay in hospital or in Length of stay in Baltimore (y	nst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME Mary B.	Lewis	MEDICAL CERTIFICATION	
(b) If veteran, name war	3 (c) Social Security Account No.	1939	at 8:56 AM
, Sei	6 (a) Single, married, widowed, or divorced. Mindow ed	21. I certify that death occurred on the date above state ed deceased from Ook 15. 199, to North and that I last saw how alive on Nov. 13, 19	
(b) Name of husband or wife	David C. Lewis 6 c If alive, give age years	and that I last saw have anve on Immediate cause of death	Duration
- Character (mo. d	lav. vr. Nay 29, 1878	Chemin Dex Hephento.	Ome
3. AGE: Years Months	ays If less than one day  hr. min.	Our 10 Tinhen Militia.	6 ms
9. Birthplace Ealtimon	(Town, county, and state)	Due to	
10. Osum Octubilities		Other Conditions	PHYSICIAN
william	Smaggert	(Include pregnancy within 3 menths of death)  Major findings:	t'nderline th
Was been Balt	Imore,	Of operations	death should he
14 Maiden Name Sop		Of autopsy  22. If death was due to external causes, fill in the	following:
15. Birthplace	A. Harrington Arlington Ave.	(a) Accident, suicide, or homicide	
17 a Burial premation or remo	b Date thereof 11/18/39	(c) Where did injury occur? (d) Did injury occur about home, on farm, industr	ounty) (State)
(c) Cemetery or crematory	Western	place? (Specify type of place)	work?
Location 18 (a) Funeral director	dwick a late	(e) Means of injury . Thestory	my hand
(b) Address 200	Thursday av Milliaght	Address 888 M. Elle In Date	signed //Sy
19 (tt) (Date ref'd by regulatrant	U		

HEALTH DEPARTMENT-CITY OF BALTIMORE F 62931 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. ds. How long in U. S. If of foreign birth? yrs. mos. ds. Length of residence in city or Aown whom death occurred. If U. S. Veteran specify WAR (If non-resident give city or town and State) (a) Residence: No. (Linual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) 4. Color or Race 3. SEX or Divorced (write the word) tended decensed HEREBY CERTIFY. That I aj Sa. If married widowed, or diverced HUSBAND of alive on (or) WIFF of to have occurred on the date stated above, at The principal cause of death and related causes of 6, DATE OF BIRTH (month, day, year) Date of enset importance were as follows. If LESS than Inche Months Yeura 7. AGE 1 day .\_\_\_hrs. min. 5. Trade, profession, or particular OCCUPATION kind of work done, as spinner, nawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, Other contributory causes of importance saw mill, bank, etc. 11. Total time (years) 10. I'nte decensed iast worked at this occupation (morth and occupation 12. BIRTHPLACE (city or town). (State or country) For what disease or injury? FATHER Name of operation Was there an autopsy ! What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Where did injury occur :. 16. BIRTHPLACE (city or town) was an amount (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public (State or country) niace IT. INFORMANT -Manner of injury ... (Address) 18, BURIAL, CREMATION, OR REMOVAL Nature of injury 24 Was disease or injury in any way related to occupation of deceased? (Address) 101116 Registrer.

HEALTH DEPARTMENT-CITY OF BALTIMORE	
F 62932 CERTIFICATI	E OF DEATH 1/97 F 62932
1. PLACE OF DEATH Provident	Registered No
CITY OF BALTIMORE: (No. 15/4 Murieus)	St., St., St., St., St., St., St., St.,
Length of residence in city or town	moe da. How long in U. S. If of foreign birth? yrs. moe de.  If U. S. Veteran
2. FULL NAME John Spr	apecify WAR
(a) Residence: No. (Caust place of abode)	Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICLE 2015  3. SEX 4. Color or Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1/- 14-39, 19
non Coroled. march (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
Sa. If married widowed, or divorced HISHAND of	I last saw busilive on / - 64-m. Death la said
(or) WIFE of	to have occurred on the date stated above, at
6 DATE OF BIRTH (month, day, year) 10 C. C. Days If 1.ESS than	The principal cause of death and related causes of
7. AGE Years Months I day,hrs. or min.	arterio calerous
8. Trade, profession, or particular kind of work done, as spinner,	
sawyer, bookkeeper, etc.  9. Industry or b siness in which work was done, as silk mill,	Discovering the second of the
work was done, as silk mill, saw mill, bank, etc.  10. Date decembed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	The arthratio (Hypertroffe }
12. HIRTHPLACE (city or town) (State or country)	Was an operation performed? Date of
at sanda	For what disease or injury?  Name of operation
14. HIRTHPLACE (city or town)	What test confirmed diagnosis?
E WARDEN NAME	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT	place
18, BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place of the Property Pate Party 17, 16	Nature of injury
18. UNDERTAKER TOMAS 6. Kalson	M 11 10. words + Maloney , x;
20. PILKO 1 5 10 200 1 to William Registre.	(Signed) Provident Hupital
- 13 H39 9	

# CERTIFICATE OF DEATH

F 62933 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D America Car Maryland	(a) State (b) County	
(b) Street address Monument 7, the se to	City or town (If out idecity or town limits, write RUR)	AL and give town)
The state of the s	d Street No	
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
e Length of stay in Baltimore Arm, mos., or days		
3 (a) FULL NAME / Loures /	roor	7. 1
3 (b) If veteran, name war 3 (c) Social Security Account	CENTIFICATION	
S 1- married widowed or		emains described
4. Sex 5 Color or race 6 a Single, married, widowed, or divorced	above, held an Autopsy or linguity 1	om the evidence
6 h Name of husband or wife	obtained by said find that said	d deceased came
6 c If alive, give age years	(Automy or Inquiry)	
7. Birth date of deceased (mo., day, yr.)		Duration
8 AGE: Years Months Days If less than one day	Immediate cause of death	
22		
9. Birthplace Town, courty, and state)	Due to	
110Wh, college, and b	B	
10. Usual Occupation 11. Industry or business	Due to	
	Other Conditions	_
12. Name		PHYSICIAN
13. Birthplace	(Include region y within 3 months of death	
14 Maiden Name	Major findings: Of operations	Underline the
15. Birthplace		death should be
*1 77. Dillingstock	Of autopsy	tically
(6 (a) Informant	22. If death was due to external causes, fill in the	following
(b) Address	Accident, suicide, or homicide	
17 (a) Date thereof (month) (day) (yea	- 1 1	
17 (d) (month) (day) (yea	Where did mury occur)	ounty) (State
Cemetery or crematory	Did injury occur about home, on farm, industr	
Location County School No. 15 1939	While at v	vork)
A Paperal director	(Specify type of place)	
(b) Address	23. Signature Medical Exam	M.C
1) of a land to the second with the second	Date signed 7 7	
VE 4		

BLACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State Md. (b) County
(d) Length of stay in hospital or inst. yrs., mos., or days 5 days.	(c) City or town Baltimore (d) cutside city or town limits, write RURAL and give town)  (d) City or town Baltimore (d) Carlton St.
Length of stay in Baltimore yrs. mos., or days Life	(e) If foreign born, how long in U. S. A.? years
3 1 FULL NAME Jones, Charles	MEDICAL CERTIFICATION
3 (b) If veteran, name was 3 (c) Social Security Account No.	20. DATE OF DEATH NOV. 11 1939. at 9-1.M.
4. Sex  Single, married, widowed, or divorced  Single married, widowed, or divorced	21. I certify that death occurred on the date above stated; that lattended deceased from Nov. (1939, to Nov. // 1939.  and that I last saw him alive on Nov. // 1939.
6 b) Name of husband or wife 6 c If alive, give age years	Immediate cause of death Tetanus  Bdays
7. Birth date of deceased mo, day, yr May 1, 1930  8. AGE: Years Months Days If less than one day  9. Birthplace Baltimore, Md.  (Town, county, and tate)	Due to Tetanus Bacilli intro- duced by Splinter in Foot Due to
10. Usual Occupation School boy 11. Industry or business	Other Conditions Bronchopacumonia 2 days.  due to Preumococcus TypeXI PHYSICIAN
Lanes Charles	include Prknan y within o many
a 13 Birthplace Wane Fores (17, Laton	
14. Maiden Name Rittick, Beylah  15. Birthplace Bookin, Va.	Of autopsy Pneumonia tically
16 a laborary Mather, Degian our	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 a Burial b Date thereof 11 15 139	(c) Where did injury occur? City - Stree Identity (State)
Location Baltimore Md.	(d) Did injury occur about home, on farm, industrial place, in public place?  While at work? Playing (Specify type of place)
18 4 Funeral director Charles S. Corper (b) Address 514 N. Callerin St.	(e) Means of injury Ran a affirster in life fort  23. Signature Jacob L. Fight  M. D.
(Dan rould by registrar)  (Dan rould by registrar)  VS 3	Address Syxarkan Hotel Date signed 11-12-39

## F 62935

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



# 59 F. 62935

Description:  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Marylands) County  (b) City or town Baltimore  (If outside city or town limits, write RURAL and give town  (If outside city or town limits, write RURAL and give town  (If rural give location)  (c) If foreign born, how long in U. S. A.?  year	
3 (a) FULL NAME  MARGARET M. OFFUTT  3 (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 13th 19 39 at 1/30 PM	
4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced WidoW   6 (b) Name of Information   A. Paul Offutt   6 (c) If alive, give age   years   7. Birth date of deceased (mo., day, yr.)   23, 1887   8. AGE: Years   Months   Days   If less than one day   51   10   21   hr. min.   9. Birthplace   Ireland   10. Usual Occupation   11. Industry or business   John McGee   12. Name   Ireland   13. Birthplace   Ireland   Ireland   14. Maiden Name   Rose Gallagher   Ireland   Ireland	Due to Apprenaion  Due to Arrivosclerosio  Other Conditions Diakero Melitus  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Cerellal Hemoritage  1 Year  PHYSICIAN  Underline the cause to which death should be charged statis	
Ireland  15. Birthplace  16 (a) Informant Martin J. Kelly (b) Address 5506 Alhambra Avenue  17 (a) Burial (b) Date thereof Nov. 16/3 (Burial, cremation, or removal) (c) Cemetery or crematory  Location  18 (a) Funeral director (a) The Practal Symplece (b) Address 18 The Practal Melicipal Control (a) Control (b) Address 18 The Practal Melicipal (b) Address 18 The Practal Melicipal (b) Address 18 The Practal Melicipal (c) Registrar (b) Registrar (c) Registrar (c) The Practal Melicipal (c) Registrar (c) R	11 / \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. Lanca Cute Maryland	a State had a County Bollina	4
(b) Street address Reduced & Sweet As (c) Hospital or institution:  Conversity Norther	City or town 1831 Frederick or town limits, write RURAL and Street No. 1811 Frederick or town limits, write RURAL and the Street No. 1881 Frederick or town large locations.	and give town
I Length of stay in hospital or inst. (yrs, mos, or days) / /w	Of Sifeet No. (If rural give location)	
Length of stay in Baltimore (yrs., mos., or days) /4 yrs	(e) If foreign born, how long in U. S. A.?	years
3 FULL NAME HERMANY MOWBRAY		
3 % If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH Revender 144939.	50
no No. 220 - 33 - 3557		
4. Sex 5. Color or race 6 a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the rema	ains described
hide white divorced married	above, held an autopsy of lugary) thereon and from	the evidence
6 1) Name of husband or wite A rio Rolling	obtained by said autops find that said d	eceased came
6 of If alive, give age 2/ years	to her death on the day stated above	
7. Birth date of deceased mo, day, yr June 2 2 . 19/6		Duration
8 AGE: Years Months Days If less than one day	Fractures, multiple, riles	2701 4000
23 4 1 hr min	Themorrose, though	
Marine e a Ma	Due to right period of	
9 Birthplace Harrisoling: Ja	The to	
10. Caual Occupation Counternan.	Due to	
11. Industry or Instinces Lunch Room		
12 Name Clas Moultay	Other Conditions Chronica she deligen	
12 Name		PHYSICIAN
= 13 Burkplace Harresonburg. Va	(Include pregnancy within 2 months of death)	Underline the
14 Maiden Name artit. Bille Mc Dorma	Of operations	cat e to which
\$ 15 Birthplace Harrisonling, Va		death should be
16 (a) Informant Mrs many Hoyder	Of autopsy	tically
16 (a) Information 1 57 10 Part Hours	22. If death was due to external causes, fill in the fol	lowing
Address 1159 M. Bentlow 17	A Jan amarda ex homicide acceden	7
17 10 Dural b Date thereof 11/17/39	1) Due of occurrence how 13th, 729	5 Micron
And & View & Comelle	or a Where did injury occur?	BCL. G.
Cemetery of Crematory	(d) Did injury occur about home, on farm, industrial p	place, in public
Location 2700 Heriedbuck, and 1		
18 (a) Funeral director The first	(Species pare of place)  (Means of injury self of remaining bours  23. Signature John Medical Examiner	of auto.
Address / b or politing of	Means of injury	M.D.
To thouse	Date signed hov . 14th 175 Medical Examiner	
19 (c) Registrar	Date signed 100 . The 17 17	
Duby		

### BALTIMORE CITY HEALTH DEPARTMENT

163

F 62937
Registered No.

CENTILION DE L'ANDRE L		
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	F 55
Baltimore City, Maryland	(a) State Md O ( Coyatv	
Baltimore City, Maryland  Bi Street address Coroline & Cliner Sts.	Dallimor.	
	If extende city of town limits wife RI RAY.	and give town)
St Josephes Hospital	M Sin No Kurs Home. Johns Hoy	10 Jun Her
I length of st y in hospital or inst. (yr, mos, et days)	(II Fully Et a location)	10.00
e) Length of stay in Baltimore (yrs. ruos., or days)	If foreign born, how long in U. S.A.?	years
FULL NAME VIRGINIA BOLTO		X
3 h Il veteran, name war 3 o Social Security Account	MEDICAL CERTIFICATION	, 25
No.	20. DATE OF DEATH hoverales 144 10 39.	nt 10 P. M
1. Sex 5 Color or race 6 or Simele, married, widowed, or	21. 1HEREBY CERTIFY, That book charge of the rem	rains described
sem White divoiced w bourt	above held an autoban thereon and from	the evidence
11 . A B. Vine	obtained by said auto fory find that said d	leceased came
Name of husband or wife for If alive, give age Veals	(Autopsy reliquery)	
7. Birth date of deceased mo, day, yr Jaw, 5, 1909	to her death on the day stated above-	D
8 AGE: Years Months Days If less than one day	Immediate cause of death	Duration
30.30 10 9 hr. min.	Porsoning, broblande of	LAND CEN
Deal Island		1,17
9. Birthplace (Lewn, coggly, and state)	Bronchof man is	1
10. Usual Occupation Pages Cres Nurse.	Due to	
The Indiana Comment of		
# 12 Name John /r. vorner	Other Conditions	
		PHYSICIAN
2 13 Birthple Pears Selection	(Include treatmenty within 2 months of death)  Major findings:	Und rline th
14 Maiden Name afla & Webster.	Of operations	cau to which
\$ 15 Bertholace & lats & star fre		death should be
Mers. ada 6. Harrier.	Of autopsy	tically.
Address 1112 E 36 de Baltina.	22. If death was due to external causes, fill in the fo	llowing
Buil 1 1/93	Accident, suicide, or homicide suicide	Le
17 a Burish pate thereof Nor 1,193 (year)	1 Due of occurrence hoveraber 3 rd/	(7)
Cometery or crematory Ct. A. W. M. C.	(c) Where did injury occur) 2925 Over how	
to ald she and the	Did injury occur about home, on larm, industrial	pince, in public
Location & G. Helster	place) home While at wor	
18 (a) Puneral director . Island	Mane of mury 7 willing	4
(h) Address Rear Street	23. Signature De Workley Medical Learning	M.D
19 (a) Chate med by registrar) (b) form the party of the Chieffer of T	Date signed how 15 d, 1939	*
VS 6		

# CERTIFICATE OF DEATH



A DIACE OF DEATH		2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:		(a) State Md. (b) County	
(b) Street address 4101 Spr	ingdale Ave.		
(c) Hospital or institution:		(c) City or town Baltimore  If outside city or town limits, write RURA	L and give town)
() Frospital of Institution.		1 101 Chminodela Ve	
	•	of Street No. 4101 Springuale Avenue (if rural give location)	
(d) Length of stay in hospital or in	0 17-0		years
(e) Length of stay in Baltimore (y	ra., mos., or days) 8 Yrs.	(e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME	SARA Z. LOWE	NSTEIN	3-/-3
3 b If veteran, name war	3 (e) Social Security Account	MEDICAL CERTIFICATION	
J O II VELLAN, NAME	No.	20. DATE OF DEATH NOV. 14th. 139	, at AM
	(a) Single, married, widowed, or	as 1 . ( a) - death accurred on the date above state	ed; that lattend-
Female White	"www.dow	ed decraced from OCI 1901 to /100	17 19-1.
(1) 1 -1	Sigmund Lowenstein	and that I last saw h & alive on Nov. /41	37
O b Name of huaband of wife	o o If alive, give age years	I Immediate cause of occurate	Duration 2 hours
7. Birth date of deceased mo., da		Coronary thrombozus	2 nous
8. AGE: Years Months Da	ys If less than one day		1
D. AUL.	14 hr. min.	Due to	-
2011-1-1			
9. Birthplace Philade	phia, Pa.	Due to	
10. Ueual Occupation NO	ne 0	Polarolintis	
II. Industry or business		Other Conditions Poly arounts.	DANKSICIAN
12. Name Louis Zin	amon	elnclude pregnancy within 3 months of death)	PHYSICIAN
		Major findings:	Underline the
13 Birthplace		Of operations	death should be
14. Maiden Name There	sa Keller		charged statis-
5 Is Riethplace	Unknown	Of autopsy	
Mrs. Jan	ies Kaufmann,	22. If death was due to external causes, fill in the	ono wing.
Address 4101 Spr	inguale Ave.	(a) Accident, suicide, or homicide	
17 (a) Cremation	1 Dunahama 11/16/39	(b) Date of occurrence	
17 a Cremation, or remova	· ·		unty) (State)
Corretory or crematory	Loudon Park	(d) Did injury occur about home, on farm, industria	al place, in public
Location Baltamo		place? (Specify type of place) While at wo	ork?
301	02 Eutaw Place.		
		23. Signature Mulfon Sherry	
(b) Addres Chaird.	sonario		M. D.
19 (a) (b)	The state provided	AddresMedical Arts. Bldg. Date .	ngnea

# CERTIFICATE OF DEATH

F 62939

3 Registered No.

	- companies to the companies of the comp	
1. PLACE OF DEATH: It agnes Arepetal	2. USUAL RESIDENCE OF DECEASED:	63
(a) Baltimore City, Maryland	(a) State . Rid . (b) County Batter	nose
1 Street address weekens and Calon ares	00/0 - 11	
(a Magnital or institution:	(c) City or fown	and give town?
It agres Dospital	Asia No Summit anen	
40A	DERLING LIMITY	
d Length of stay in hospital or inst. (yrs., mos., or days) 4 Odeg		
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Lucie and S/A	lonnice X	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	7:P
No.	20. DATE OF DEATH November 13, 1939.	. at 6.40 M
4. See 5. Color or race 6 (a) Single, married, widowed, or	21 Legitify that doeth occurred on the date above plates	d; that lattend-
Deniale White divorced my the	ed decensed from Clake 4, 1939, to Monas	1937 .
779	and that Hast saw h &v alive on Londard 3, 19	57.
6 (b) Name of husband or wife (alive, give age years	Immediate cause of death	Deration
7. Birth date of deceased (mo., day, yr.) June 6- 1871	Lung Gliscus	
8. AGE: Vgars Months Days If less than one day	Brouchucters	x
8. AGE: Months Day	Due to Tubertuosis of lung	0
0,5	Ú	-
9. Birthpla Sterice Longe G. M. C.	Due to	-
10. Usual Occupation Descripte		
11. Industry or business	Other Conditions	
Thomas Houston	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN
12 Nanie	(Include prognancy within 8 months of death)  Major findings:	t aderila the
13. Birthplace Alland	Of operations	emismir too while le-
Elizabet agrice		death should be
E 14. Muiden Ivame	Of autopey Brogger Stages	tionily.
15. Birthplace	All death was due to extend causes, fill in the fo	llowing:
16 (a) Informan Musband Jun Chart	(a) Accident, suicide, or homicide	
17 (a) (b) Date thereof Nm. 17 198	When did in mry occur)	
(Burial, councilon, or pumural) (month) (day) (year)	(City or town) (Cour	
(c) Cemetery or community	(d) Did injury occur about home, on farm, industrial	L)
Location Balto City	place? While at wor	K /
1 1200000	(e) Means of injury had the	
18 (a) Funeral director thing the Ter. DE.	23. Signature four Ineffect	a l
(b) Address 1 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	St (1) Harris	11/13/5
19 (a) Revisitor (b) Revisitor	Address M. agree Hoof The Date of	medit   )
patt round by night than	V	

Registrar

20. FILED

Registrar.

OCCUPATION is very important

19. UNDERTAKER /

See instructions on back of certificate.

> 21. THEED

# HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICAL	
1. PLACE OF DEATH  CITY OF BALTIMORE: (No. 714 10.	Registered No.  (If death occurred in a hospital or institution, give its NAME instead
CITY OF BALTIMORE: (No. 1 10	of street and number.)
Langth of residence in city or town where death occurred yrs.	mosds. How lung in U. S. If of foreign birth? yrs mos ds. If U. S. Veteran
Samuel Carlo	specify WAR
2. PULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1 we dea 15, 1939  22. I HEREHY CERTIFY, That I attended deceased from 19 w 5, to 1
to If married, widowed, or divorced	, 19 of 1, to / X 2 Thank he would
HUBBAND of (or) WIFE of	I last saw h & alive on
1 2 2 1971	to have occurred on the date stated above, at 1. 4 m.
C DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of importance were as follows:
7, AGE Tears Municipal 1 day, hrs.	#F 200A - P = 0.0
6 or min.	Carpenia & Stemail wither
8. Trace, profession, or particular kind of work doe, as spinner, aanyer, bookkeeper, etc.  9. Industry or business in which work was done as all mill. saw mill, bank. ct.  10. Date decensed last worked at this pe upation smooth and compation.	Other contributory causes of importance:
12. BIRTHPLACE (city or town) I find the State or country)	Was an operation performed 100 Bate of 100
E IS. NAME WERE WELLEN	Date of
14. BIRTHPLACE (city or town). 2 3	What test confirmed diagnosis . We there an autorsy .
15 MAIDEN NAME Magnet Working	lowing: Accident, suicide, or hemicide? Date of injury . 19
16. BIRTHPLACE (city or town) J.v. 5 (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
miller	place
(Address)	Manner of injury
OP PENOVAL.	
Place III Gulum Date 17 100	Nature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of decease
1. UNDERTAKEE BOUNDE LES OF LOS OF LAST OF LAS	(Si ned) . M.
25. PILLED Recistrar	(Address)

VS 3

# CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	a) State	
(b) Street address	(c) City or town all outside city or town limits, write RUHAI	L and give town)
(c) Hospital or institution:	(d) Street No. 2 1 2 4 6 Jefferson (run) vive location)	20
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	, , oo , yeare
3 (a) FULL NAME William Gross	OPPOSITION ATION	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	155
No.	20. DATE OF DEATH 160:15 1935	at 1 a M
4. Sex   5. Color or race   6 (a) Single, merried, widewed, or divorced.	and the development on the date above state	ed; that lattend-
male white divorced Single	ed deceased from Mub. 15. 1939, to Mel. and that I last saw his A alive on Men. 15.	9 3 9.
6 (b) Name of husband or wife	and that I last saw h. M. alive on Marie	Duration
6 (c) If alive, give age	The state of the s	aboutshi
7. Birth date of deceased (mo., day, yr.) Dec 14-1881	hemmingen	
8. AGE: Years   Months   Days   If less than one day   hr. min.	Due to 1 hypertensive C-V disease	Machiner
9. Birthplace Maryland style)	Due to	
	Other Conditions	
11. Industry or business		PHYSICIAN
12. Name Jacub. Tross	(Include pregnancy within 3 months of death)  Major findings:	Underline th
13. Birthplace Surpramy	Of operations	death should b
# 14. Maiden Name Wilhelmika	- 1	charged statis
E Maria	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	following:
16 (a) Informant	(a) Accident, suicide, or homicide	00000
(b) Address	(b) Date of occurrence	
17 (a) (b) Date thereof (month) (day) (yes		unty) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrie	al place, in publ
(e) Cemetery or crematory	While at w	ork?
Location Gallymout In Lynna Long/	(Specify type of place)	
18 (a) Funeral director Mulip Would Street	(e) Means of injury	
(b) Address 2016 Orleans	23. Signature Date	igned H 15
19 (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Address V	

62945

### BALTIMORE CITY HEALTH DEPARTMENT

92 - Registered No. F 62945

02.540	CERTIFICATE		2,149
A. PLACE OF DEATH:  (a) Baltimore City, Maryland (b) Street address 125 6. 6.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs.,  (e) Length of stay in Baltimore (yrs., mos.,  3 (a) FOLL NAME  Lecuse Course	mos., or days	2. USUAL RESIDENCE OF DECEASED:  (a) State Mol. (b) County Ball  (c) City or town Ballings  (d) City or town limits, write RURA  (e) If foreign born, how long in U. S. A.?  MEDICAL CERTIFICATION	L and give town)
4. Sex 5. Color or race 6 (a) Sing divorced.	le, married, widowed, or	20. DATE OF DEATH Movember 14, 1939  21. I certify that death occurred on the date above state ed deceased from Nov 9, 1939, to Nov	ed; that lattend-
7. Birth date of deceased (mo., day, yr.)	ive, Kive alle	and that I last saw h.M. alive on New 13, 1 Immediate cause of death Chronic Valvular Heart Disease	
8. AGE: Years Months Days 9. Birthplace 33 10. Usual Occupation	hr. min.	Due to	
11. Industry or business  12. Name  13. Birthplace  14. Maiden Name Quing  16. Saud Octupation  17. Industry or business  18. Industry or business  19. Industry or business  10. Saud Octupation  11. Industry or business  12. Name  13. Birthplace	Schwidt	Other Conditions  (Include pregnancy within 8 months of death)  Major findings:  Of operations	PHYSICIAN  Underline the cause to which death should be charged statis
16 (a) Informant 6 Law. H.  (b) Address 1276.66	Cambring		unty) (Slate)
(c) Cemetery or crematory  Location  18 (a) Funeral director  (b) Address 130 9 90	Lever Carly of Carly Registrar	(d) Did injury occur about home, on farm, industrial place?  While at we (Specify type of place)  (e) Means of injury  23. Signature  Address 5705 Amondon Ave, Date of the place of the pl	ork?

VS 3

# CERTIFICATE OF DEATH



	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:  (a) Baltimore City, Matyland  (b) Street address / 6 & 5 Sect of h.	(a) State Md. (b) County	
(b) Street address (c) Hospital or institution:	(c) City or town Dalfmare (If outside city or town limits, write RUBAI	, and give town:
	Street No. 625 Belt M.	
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Tokas) I grafine	2 Dartell	
3 (c) Social Security Account	13 1974	7. 1030 M
No. 2/2-/0-784/  4. Sex 5 Color or race 6 (a) Single, married, widowed, or	20. 011.2	ed; that lattend-
male White Single	and that I last saw haralive on Mov 13 1	
6 % Name of husband or wife 6 % If alive, give age year	Immediate cause of death & Susuffi celiu	
7. Ritth date of deceased mo, day, yr aug. 19-1889  8. AGE: Years Months Days Wess than one day	0	
55 2 25 hr.	1	
9. Birthplace Herward 60 - Maryless Sulvaries 4	Due to Pullabrilla Gudon	orditis
11 Industry or business	Other Conditions with	PHYSICIAN
# 12. Name babet N. Bartell	Major findings:	the transfer
13 Birthplace Maryland	Of operations	dea h he d be harred to
14. Maiden Name Busher Lung 15. Birthplace	Of autopsy  22. If death was due to external causes, fill in the	
16 a Informant Mrs. Lorrettey Maylol	(a) Accident, suicide, or homicide	
(b) Address   623   Developed 11   16 /3	b) Date of occurrence  Where did injury occur?  Clay or town	cunty) (State)
(Burial, cremation, or remogning)	farm, industr	ial place, in publi work?
Location Woodstock, Mg.	place? Specify type of place:	.,
18 (a) Funeral director Johns 9 This	23. Signature Shen ( Stheur	11/M. 11/4
Address 5 1930 This A Miles Works	Add 1337 S. Cluston Marc	signed / / // J

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. How long in U. S. If of foreign birth? yrs. mos. de. If II S. Veteran specify WAR 2. FULL NAME Ward. (If non-resident give city or town and State) (a) Residence: No. 1.19. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS or Dyporced (write the word) 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended deceased from 4. Color or Race 3. SEX Jemall Death is said Sa. If morred widowed, I last now halle allve en HUSBAND of awa to have occurred on the date stated above, at 6 (er) WIFF of The principal cause of death and related causes of 6, DATE OF BIRTH (month, day, year) If LESS than Months Years 7. AGE 1 day, hra. 0 min. 8. Trade, profession, or particular kind of work done, an apinner, OCCUPATION sawyer, bookkeeper, etc. D. Industry or business in which week was done, as ailk mill, and mill, bank, etc. Other contributery came 11. Total time (years) 10. Date decensed but worked at this occupation (menth and occupation Was an operation performed? -12. HIRTHPLACE (city or town) For what disease or injury important. (State or country) Name of operation What test confirmed discousis Manufactured (violence) fill in also the ful-18. NAME 14. BIRTHPLACE (city or town) Accident, suicide, or hondelde?... Plate of lajory 16 (State or country) 15. MAIDEN NAME Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT SHOP Mannar of Injury. 18. BURIAL, CREMATION, OF REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? ....If so, specify 19. UNDERTAKER

(Signed)....

(Address)

# S Howard Wright BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH. Registered No.

CERTIFICAT	E OF DEATH	
62948 CERTIFICAT	2. USUAL RESIDENCE OF DECEASED:	11/11/11
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State / / Last	
	(c) City or town Balto	and give towns
Street address Hospital or institution:	(c) City or town PACK & Grant RAL and Street No. 2329 Survey (If rural vive location)	1 - 60
Mill Che deered Hop	No 2329 Colinums	2001 70
Mary and Gereral Hop	of rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of atay in Baltimore (yrs., mos., or days)	(e) Il foreign norn, now jour	
(a) FULL NAME S Howard Wright	CERTIFIC ATION	
Howard Security Account	MEDICAL CERTIFICATION	C7.50 AM
b) If veteran, name war	20// of pritty ////	" NY05. L"
No. 1/h	the date above states	; that lattend-
Sex 5. Color or race 6 (a) Single, married widowed,	21. I certify that death occurred on 1987, to 14/1 ed deceased from 8/27 1987, to 14/1 19	15 1939.
11/8 . I divorced 1 down	ed deceased from 0/21	39.
Mala Vity Wayle	and that I last saw him slive on 1//15 19	Duration
Male White Kate Wright of Name of husband or wife Kate Wright year		Detailes
6 o If alive, give age yes	mmediate cause of death  Myorandral insifficing	
7. Birth date of deceased mo., day, yr. Jan 1, 186	The state of the s	
7. Birth date of deceased Months Days If less than one day	To aland frahmer change	
S. AGE:	in Due to Gerebral humaning	
72 10 14	4	
maryland.	Due to	
y, Diffiplace	no in monda	
10. Usual Occupation Glesk.	Other Conditions Tona mia pocaddy	
and and the first the time to		PHYSICIAN
11. Industry or Business Samuel Work of	(Include programs, will in 3 meetins of death.	t inderline the
12. Name	Major findings:	enuse to which
13 Destroyer Mary Ellis	()t operations	death should be charged a sale
- Sarah a Garduer		niently
14 Marden Name	01	
8 15 Birthplace Muy	22 If death was due to external causes, till in the	ollowing:
16 a Informany saule. If Hele	A saident suicide, or homicide	
16 a Informante 1200 & Lumidava L	(a) Accident, suicide, or homicide	
(b) Address 2329 Edition 100. 1	8/20h) Date of occurrence	(State)
Surial (b) Date thereof 1100.	(City or town)	
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrie	place, in pas
(Burial, cremation, or remains bury M. E. E	/ 11 W 13110 W	ork?
Restertown	place (for to some of to have)	al .
Incation of Phen a y- Son	Address Means of injury award S., H. Address Md CR. Hop. Date	Casmen
18 (a) Funeral director Mn & August door	Rolly General Columns p. , to	M, IA
(b) Address 2327 Edin bum 200	MILA CO GOOD Date	signed ///
All the second s	Address That Ch. 11041.	-
19 (c) saladar d by registror) Registr	AT	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

62949 HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. (If death occurred in a hapital at institution, give its NAME instead of sirest and number. 1. PLACE OF DEATH Dinaitbopt. CITY OF BALTIMORE: (No. 2. FULL NAME Lorg Hurmitz (a) Residence: No. 3936 Reisterstown Road (If non-resident vive city or town and State) Ward. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 11-15 21. DATE OF DEATH (menth, day, year) 5. Single, Married, Widewed, or Divorted Printegale word) I HEREBY CERTIFY, That I attended deceased from 4. Color or Race . 1939. to 11/15 . 19 37 Denth in said 11/15 Emale 11/15 I last now hER alive on Sa. If married, widowed, or dicorces to have occurred on the date stated above, at 9:00P m. (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Cerdnol spessesty have to If LESS than Months 1 day brs. Years min. \*. Trude, profession, or particular kind of work owne, as enimner, anuger, bookkeeper, etc. Other contributory causes of importance; 9. Industry or business in which art rocceration that thrown work was done, as silk mill, 11. Total time (years) nau mill, bank, etc. 16. Inte dereused last worked at are nt in this the arrupation (motth and occupation Was an operation performed - Its Date of 3 8901 1 12. RIKTHPI ACE felty or town For what disease or injury? (State o country) What test confirmed diagnosis? Was there an autopay? No. 23. If death was due to external causes (violence) fill in also the fol-16. BIRTHPLACE (city or town) Tuess Accident, suicide, or homicide? \_\_\_\_\_\_ Pate of injury\_\_\_\_\_, 19.\_\_\_\_ (Sue e or country) 13. MAIDEN NAME Chava Where did injury occur: (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public Quesua 16. BIRTHPLACE (city or town) Manner of Injury Nature of injury 18. RURIAL, CREMATION, OR REMOVAL 24. Was discuss or injury in any way related to occupation of deceased? (Signed) W. Pushler 19. INDIRTARILE FOR WINSON & Sinai Stropetal

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 62951 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City Maryland	(2) State A (b) County	
XXI (1) In Area II M		
Hospital or institution	(c) City or town findle city or t wn limit, write RURAL	I. and give town)
1 tophar of mentation		2
or days)	Street No & ) would all	
I Length of stay in hospital or inst. (yrs, mos, or days)	e) If foreign born, how long in U. S. A.?	year*
e Length of stay in Bultimore (yrs., mos., or days) Left	W II toreign burn, the burn	
FILL NAME		
A County Account	MEDICAL CERTIFICATION	2137
3 (b) It veteran, name war No. 215-18-4994	20. DATE OF DEATH , Commenter , 2 1939	, at M
c it and wdowed of	21. IHEREBY CERTIFY, That Itook charge of the res	mains described
divorced 1 ale	above, held an salury thereon and fro	in the evidence
In the single	( Cities ) or 1 ( and )	
6 1 Name of husband or wife	obtained by said "find that said	deceased came
6 of If alive, give age vears	to wes death on the day stated above	
7 Buth date of deceased mo. day, yt June 25, 1887	LIKE THE PARTY OF	Duration
8 AGE: Years Months Days If less than one day	Immediate cause of death	
	Due to	
	mery were side	
9 Bunplace Ballemore, Mid.	Due to	
10. Venel Occupation U at Chi man	Due to	
12 Name Naul Apland.	Other Conditions	
12 Name of the founds		PHYSICIAN
13 Birtholee Josoute Canada	(In I de pre nam y within a mouth of death)	
" Water Name / Nalquill Core all	Major findings: Of operations	Under! ne the
15. Birthplace / allies one, med	Of operations	death should be
15. Buthplace /- action one	Of autopys	charged statis
16 (a) Informac: Miss Climic M. Sylayd	Of autopsy  22. If death was due to external causes, fill in the	
Address 88110 Loutabl St	22. II Gentli was tide	
Lusia ( Descharge 11/18/1934	Accident, suicide, or homicide	
17 beria Date thereof 11/18/1934	(b) Date of occurrence	
Machalhedial Ch	(City or town)	inty (Stat
100 (b) process	Did injury occur about home, on farm, industri	ar place, in publi
Location of Ch. Courses for	place? While at w	OIK
18 (11) Funeral director John of Cowalist Sox	e Means of injury	
Address god Dollier Street.	22 Cinneture & Mile Well with	M.C
HOVE TO MADE	and the second second	nee'-
Registrar	Date signed / , )	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	1:1
Relumore City Maryland	a State Mid to County to celle	uly
(b) Street address instany april	Bullson	0
C Hospital or institution:	City of town	I and give town)
honce	distreet No. Justany a	p15.
	ilf remi greet attent	
d) Length of stay in hospital or inst. yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days)		
3 a FULL NAME Tililton Thenvy	Vacots	
3 b) If veteran, name war 3 c Social Security Acount	MEDICAL CERTIFICATION	
12012 No. 705-10-5025	20. DATE OF DEATH	7. at 6. 45 A M
4. Sex 5. Color or race 6 a Single, married, widowed, or	21 I was for that death occurred on the date above stat	led, that i attend-
Male While divorced Married	ed deceased from in a 6 1937, to how	13 1907
6 W Name of husband or wil Mary Transfoll Jaist	and that I last saw him alive on run. 15 1	907.
6 W Name of husband or wife 6 of If alive, give age ? years		Duration
7 Birth date of deceased mo., day, yr ug . 12, 1877	Anemarkurd himonloge	-
8 AGE: Years Months Days 1 Mess than one day	recurrent	
62013 3 7 hr. min	Due to	
9 Birthplace Haynusboro - Pa.	Due to	
Birthplace (Town, county, and state)	Due to	_
10 Usual Occupation Truff Truffic Mgr	Other Conditions	
II Industry or business J. J. Sullismy		PHYSICIAN
# 12. Nam Milton Stenry Juebles	Include program s within 3 mouths of death	Underline the
13 Birthplace Start rusto70-la	Of operations	cause to which
14 Maiden Name Lible M. Milson		harged at s
	Of autopsy	tically.
15. Birthplace Stay relation of a.	. (1) in the	following:
16 Informan Im John a Longlis - (friend)	(a) Accident, suicide, or homicide	
16 Address 4/18 Wishing Road	b Date of occurrence	
17 a townill b Date thereof 100 1 (day) (year	TO SECURE AND ADDRESS OF THE PARTY OF THE PA	ounty) (Slifte)
C Cemetery or crematory 201 feuch Still	d Did injury occur about home, on farm, industri	al place, in publi
	place? While at w	rork?
Licenten Con Can Can Can Can Can Can Can Can Can Ca	1	
18 (a) Funeral director Town RT : MOVEN COMPANY	(e) Means of injury 23. Signature C.	20
(b) Address (W. F. WOODEN SUC.) 188 W. NORTH AVENUE	2). Signature S.	M.D.
19 9 0 3 White protect by the Registrar	Address 10 1 W Date	signed of of
The dead dental		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

∠ 49 € 62953 : Registered No....

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	0,000
. PLACE OF DEATH:	(a) State Mary band (b) County	
(a) Baltimore City, Maryland	n-1+i-one	
b) Street address Baltimore Maryland	(c) City of town	and give town
L1_miss or institution:	and a Road St. ( Cause	and
Baltimore City Hospitals	Street No. 1843 S. Road St. (Quality of French give location)	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	1813	years
(d) Length of stay in magnitude and available 10 yrs.	(e) If foreign born, how long in U. S. A.?	
(e) Length of stay in Bahimore (yrs., mos., or days)		V
3 (a) FULL NAME Richard Duncan	MEDICAL CERTIFICATION	
MICHAL & Social Security Account	MEDICAL CERTIFICATION	.0P M
3 (b) If veteran, name war	THE OF DEATH	
or landowed of		
4. Sex 5. Color or race divorced. Widowed 1/	79 1937, 10 2.1	
Mele White Middle	ed deceased from 10 and that I last saw h/ se alive on 11-10 19	71
husband of wife Number of the Jobs		Duration
O (C) II miles B	Broncles prannonia and	one
7. Birth date of deceased (mo., day, yr.) Nov. 15, 1852	vienia	meet
	Due to Carcinome prostate	?
8. AGL: Tears min	Due to Carcina	
86 86 11 23		
9. Birthplace (Town, could and state)	Due to	
		_
10. Usual Occupation	Other Conditions	PHYSICIAN
11. Industry or business	(Include pregnancy within 8 months of death)	Acres 1
12. Name Richard Bancan G.J. M.	Major findings:	Underline the
13 Birthplace	Of operations None	death should be
ANLIE.		charged statis-
14. Maiden Name Rose Affice Trave	Of autopsy	
15. Birthplace Unknown 199	22. If death was due to external causes, fill in the	following:
	(a) Accident, suicide, or homicide	
16 (a) Informant Heoords	(b) Date of occurrence	
(b) Address Reltimore City Hospitals	Where did injury occur?	ounty) (State)
17 (a) (month) (day) (re	(d) Did injury occur about home, on farm, industri	al place, in publi
Burial, Crematory & Shomas	(d) Did injury occur about noise, of the while at w	ork?
(c) Cemeters ( Lange 11 ) Ballo Lo	place? (Specify type of place)	
Location Crystelect	(e) Means of injury	
18 (a) Funeral direct formation Place	23. Signature LX. Woodwarf	M. D.
(b) Address 100 Eulaw 1	D. Signatura	aigned //-//-
(h) Dunintrur	Address / Sall	
19 (a) Registrar)		

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. 1. PLACE OF DEATH (if death occurred in a hospital or institution, give its NAME instead of street and number.) And town where death occurred 40 yrs. of mon. de. How long in U. S. If of foreign birth : yrs mon. de. If U.S. Veteran ADMIN'S WAR (a) Residence: No. 34 Three em .. Ward. (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 4. Color or Nace 2. SEX 21. DATE OF DEATH (month, day, year) I BEREBY CERTIFY, That I attended 193/, ta harr Sa If married underwed, or diverced, HUSBAND of (or) WIFE of to have occurred on the date stated above, at. 6 HATE (I) HIRTH (month, day, year) The principal cause of death and related causes of If LESS than Date of erest Almyn importance were as follows: Months I. AGE Years 1 day hra Our min. A Irade profession, or particular bited of week done, an epinner, Tywalline Duline sawyer, bookkeeper, etc... a linduate or business in which work was done, as silk mill, Other contributory causes of importance: naw mill, bank, etc. H. Total time (years) 16. Unite decounsed last worked at this occupation (month and occupation 41 44 12. HIRTHI'LACE (city or town) Was an operation performed!-For what disease or injury? Name of operation H. BIRTHPLACE (city or term) What test confirmed diagnosis !.. Was there an automy? (State or country) 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Into of Injury 15. MAIDEN NAME Where did injury eccur? 16. BIRTHPLACE (city or town).
(State or couples) (Specify city or town, county, and State) Specify whether lajury occurred in industry, in home, or in public place (Address) 3807 ·/ Manner of injury IN HEREAT CREMATION, OR REMOVAL Nature of inpurs 24. Was disease or in ury in any way related to occupation of deceased? no. If my myelfy (Address) 1910 Backery mary got beand with Hoftwar.

HEALTH DEPARTMENT-CITY OF BALTIMORE 62955 CERTIFICATE OF DEATH Registered No. 1. PLACE OF DEATH (if death necurred in CITY OF BALTIMORE: (No. Mount Hope a hospital or institution, give its NAME instead of street and number.) If U.S. Veteran apec fy WAH 2. FULL NAME (a) Residence: No ... (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATE PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month. 4. Color or Roce Divorced (write the word) I attended decensed Sa. If married wick wed, or divorced III SHAND of alive on (or) WIFE of to have occurred on the date stated above, at 2:0 yow. 6 B. TE OF BIRTH (month, day, year) The principal cause of death and related causes of Date of ament If LESS than Dave Months T. AGE 1 day ......hrs. 10 ...min. b. Irade, profession, or particular TION sind of work done, as spinner, nawyer, bookkeeper, etc. 9. Industry or business in which work was done, as siik mill, saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and occupation Date of-12 BIRTHPLACE (city or town). Was an operation performed?-(State or country) For what disease or injury? Name of operation Truster Was there an autopay? Mo 14. HIRTHPLACE leity of What test confirmed diagramis 23. If death was due to external class (violence) fill in also the fol-(State or country) lowing: Accident, suicide, or homicide? .... ..... I be of injury .. 14. MAIDEN NAME Where did Injury occur? (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or State - country) place Manner of injury Nature of injury 24. Was discuse or injury in any way related to occupation of deceased? Registrar,

Registrar

d Street No. 1831 n. Bru	ve location)
If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFIC	
O. DAIL O. DELLIN	1939, at 5.3.6 M
above, held an Autopsy or Inquiry) obtained by said Autopsy or Inquiry) (Autopsy or Inquiry) death on the day stated above.	on and from the evidence d that said deceased came
Immediate cause of death  Luy occurred Jan	Duration
Due to My for tryling a Dr. Due to Mey occorde Film	
a dilumpetent	ie Kidney
Other Conditions achieves cloth	DHYSICIAN DHYSICIAN
Other Conditions are within 3 months of Major findings:  Of operations	PHYSICIAN Underline to cause to which death should
Other Conditions Actions Of State of Major findings:  Of operations  Of autopsy  Other Conditions Action 2 months of Major findings:  Of autopsy	PHYSICIAN Underline the cause to white death should charged statitically
Other Conditions  Include programmy within 3 months of Major findings: Of operations  Of autopsy  22. If death was due to external causes,  Accident, suicide, or homicide  Date of occurrence  Where did injury occur?	PHYSICIAN Underline to cause to white death should charged statitically fill in the following:
Other Conditions  Unclude pregnancy within 3 months of Major findings: Of operations  Of autopsy  22. If death was due to external causes, Accident, suicide, or homicide  b Date of occurrence  Where did injury occur?  City or to Did injury occur about home, on fari	PHYSICIAN Underline to cause to white death should charged statitically fill in the following:
Other Conditions  Clinclude pregnancy within 3 months of Major findings:  Of operations  Of autopsy  22. If death was due to external causes,  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Did injury occur about home, on faringlese	PHYSICIAN Underline to cause to white death should charged statterally fill in the following:  (County) iState in, industrial place, in pub.

(Date would by registrar

1. P

CERTIFICATI	E OF BEATTI
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address Redevood and Green St.  (c) Hospital or institution: Hospital or institution: Hospital  (d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.	2. USUAL RESIDENCE OF DECEASED:  (a) State
3 (a) FULL NAME Catherine Dala	ton
3 (a) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 15 1934, at 1859.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Water 6 b Name of husband or wife France 6	21. I certify that death occurred on the date above stated; that lattended deceased from NOV-12 1934, to NW-15 1939, and that I last saw h Ov alive on Nov-15 1939.
7. Birth date of deceased mo. day, yr /877 8. AGE: Years Months Days If less than one day 62.	Immediate cause of death Sypsis + accielosis  Duration 5 days  Duration 5 days
9 Birthplace 10. Usual Occupation 11. Industry or business  12. Name Multicle Millians	Other Conditions arterios cluster typether are  (-VI 100-228- Fields + arish. Fibrillar
12 Name Milliage Fred  13 Birthplace Fred  14 Maiden Name Rose rem g hom  15 Birthplace Deland	Major findings: Of operations  Of autopsy
16 (1) Informant Many to alter (b) Address Abragoun mes	22. If death was due to external causes, fill in the following:  (a) Accident, suitide, or homicide
6 Date thereof 11 18 35  (c) Cemetery or crematory 5t france  Location 2 gown. md  18 (a) Funeral director 4 gown. my  (b) Address all goon. my	b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury.  (3) Signature  (b) Date of occurrence  (c) Where did injury occur about home, on farm, industrial place, in public place?  (b) Means of injury.  (c) Means of injury.  (d) Means of injury.  (e) Means of injury.  (f) Means of injury.
19 (a) Burierry	Address Cuiv. Hosp. Date signed 11/15

06

### CERTIFICATE OF DEATH



48455 SD 2000

Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 4940 Eastern Avenue	2. USUAL RESIDENCE OF DECEASED:  Maryland  (a) State (b) County	
(c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)	
Baltimore City Hospitals  (d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.  (e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.	d Seet lo. 721 Dolphin Street  If rural give location  (c) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Agnes Saunders		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH // / 5 19	7. 10 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, cr Colored divorced. Widowed	21. I certify that death occurred on the date above stated; that lattended deceased from 9-18 - 1937, to 11-15 1939.	
6 h Name of husband or wife hamanuel (d)	and that I last saw her alive on 11 15	
6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Oct. 17, 1882	Immediate cause of death	Deration 2
8 AGE: Years Months Days If less than one day	metaticis	months
57 0 28 hr min	Due to	
9. Birthplace Maryland 10. Usual Occupation Cook 11. Industry or business Unemployed	Other Conditions	
12. Name George Brown  13. Enthplace Md.	Major findings:	PHYSICIAN
14 Maiden Name Francis Diggs Md.	Of operations Of autopsy	inthe history
16 (a) Informant Records  (b) Address Baltimore City Hospitals  17 (a) Burial (b) Date thereof (b) (c) (c) (c)	22. It death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	following:
Address 1735 While and Hill and	23. Signature &K. W. advant	M. D. gned//-/5-37

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

#### 50080 - HB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEA

F 62959

#### Registered No.

2. USUAL RESIDENCE OF DECEASED:	
(a) State	
(0) County	
(c) City or town Baltimore	
(If outside city or town limits, write Rt	RAL and give town
I street No. 247 S. Spring St.	
	ion)
of If foreign born, how long in U. S. A.?	yea
MEDICAL CERTIFICATION	-
20. DATE OF DEATH	39 NO AN
21. I certify that death occurred on the date above	Angelon California and Angelon
ed deceased from 1/-/2 - 1939, to 1/	
and that I last saw her alive on 11-14-	19 39.
1 1: 4 ( 1 -4)	
immediate cause of death lumanhage	Duration
The state of the s	1
Due to Mypertensive CUD	7
Due to 11 //	
Due to	
Other Conditions	
include regrees y within a mouth of death	PHYSICIAN
Major findings:	
	a to which
Major findings: Of operations	a to which a hold h
Major findings: Of operations Of autopsy	a to which has he had he re do not he re do
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the	a to which has he had he re do not he re do
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the	a to which has he had a to the head of the
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide  b) Date of occurrence	a to which has he had a to the head of the
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide  b) Date of occurrence  c) Where did injury occur?	to which should hearly traily
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur)  (City or town)	fath should hearly traily
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur)  (City or town)  (d) Did injury occur about home, on farm, industrial	following  following  following  following  following
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur?  (City or town)	following  following  following  following  following
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide b) Date of occurrence c) Where did injury occur?  (City or town) (C)  d) Did injury occur about home, on farm, industry place?  (Specify type of place)	following  following  following  following  following
Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide b) Date of occurrence c) Where did injury occur?  (City or town) (C)  (d) Did injury occur about home, on farm, industry place?  While at w	following:

V3 6

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 62960 Registered No.

(c) City of town    Comparad or institution:   Next	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	77
Description of stay in hospital or most. (yes. mos. or days)  (e) Length of stay in Baltimore (yes. mos. or days)  (f) Ength of stay in Baltimore (yes. mos. or days)  (g) Ength of stay in Baltimore (yes. mos. or days)  (g) FULL NAME  HOMAS  ZELLER  MEDICAL CERTIFICATION  10 DATE OF DEATH Lower Level 1967, at S. M.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  11 HEREBY CERTIFY. That book charge of the remained described of divorced. or divorced. or divorced. or divorced. Of the state of divorced. Of the state of divorced or divorced or divorced or control of the state o	(ii) Baltimore City, Maryland	a State and b County	11
Description of stay in hospital or most. (yes. mos. or days)  (e) Length of stay in Baltimore (yes. mos. or days)  (f) Ength of stay in Baltimore (yes. mos. or days)  (g) Ength of stay in Baltimore (yes. mos. or days)  (g) FULL NAME  HOMAS  ZELLER  MEDICAL CERTIFICATION  10 DATE OF DEATH Lower Level 1967, at S. M.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  11 HEREBY CERTIFY. That book charge of the remained described of divorced. or divorced. or divorced. or divorced. Of the state of divorced. Of the state of divorced or divorced or divorced or control of the state o		c City or town B Community write RURAL	and give town)
(a) Length of stay in Beltimore (yes, mos. or days) of the length of stay in Beltimore (yes, mos. or days) of the letters, name were (yes, mos. or days) of the letters, name were (yes, mos. or days) of the letters, name were (yes, mos. or days) of the letters, name were (yes, mos. or days) of the letters, name were (yes, mos. or days) of the letters, letters, name were (yes, mos. or days) of the letters, letters, name were (yes, mos. or days) of the letters, letters, name were (yes, mos. or days) of the letters, letters, name were (yes, mos. of the letters, letter		water 2x17 Book It	
Length of stay in Beltimore (str. mos., or days)   State     The Manage of the stay in Beltimore (str. mos., or days)   State     The Manage of the stay in Beltimore (str. mos., or days)   State     The Manage of the stay in Beltimore (str. mos., or days)   State     The Manage of the stay in Beltimore (str. mos.)   State     The Manage of the stay in Beltimore (str. mos.)     The Manage of the stay in Beltimore of divorced.   State     The Manage of the stay in Beltimore of divorced.   State     The Manage of the stay in Beltimore of divorced.   State     The Manage of the stay in Beltimore of the stay in the stay of th		(If rural give location)	
3 (a) FULL NAME  THOMAS  ZELLER  MEDICAL CERTIFICATION  Now Policy Account  Model A Sex  S. Color or sace Fried White divorced.  Sex  S. Color or sace Fried White divorced.  So Name of husband or wite Catherns Jellen  G. [c] II alive, give see 37 years  G. [c] II alive, give see 37 years  Birth date of deceased (mo. day, yr.) Feb 21, 1897  Birth date of deceased (mo. day, yr.) Fe	Length of stay in Baltimore yes mos., or days Sife	(e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH Agreement 1 44 19 19 39, at 5 5 M  21. HEREBY CERTIFY, That took charge of the remains described above, held an Cantegor of Impersy thereon and from the evidence obtained by said described in the following find that said deceased came (Autogor of Impersy) find that said deceased came (Industry or Industry or I	The state of the s	12	
1. Name Sea Jeller 1. Name Sea J			
4. Sex policy of the remains described above, held an action of divorced flowered fl	718 10 15170		, at 5 %, M
obtained by said Actor of find that said deceased came for the said deceased the said deceased came for the said deceased the said deceased the said deceased came for the said deceased the said decease	4. Sex 5. Color or race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the ren	nains described
obtained by said Actor of find that said deceased came for the said deceased the said deceased came for the said deceased the said deceased the said deceased came for the said deceased the said decease	more of and openied	above, held an (Automy of Ingory) thereon and from	n the evidence
7. Birth date of deceased mo, day, yr. Feb 21, 18 gr 8. AGE: Years Months Days If less than one day  1. Birthplace Baltimore Med  1. Usual Occupation Trucker Perus RR  1. Industry or business  1. Name Sea Jelles  1. Maiden Name Olyabeth Laguer  1. Birthplace Baltimore Med  1. Industry or business  1. Maiden Name Olyabeth Laguer  1. Birthplace Baltimore Med  1. Maiden Name Olyabeth Laguer  1. Maiden Name Olyabet	6 b Name of husband or wife Catharine Feller	obtained by said walt hay find that said	deceased came
7. Birth date of deceased (mo. day, yr.) Feb 21, 16 9 8. AGE: Years Months Days If leas than one day  9. Birthplace Baltimore Add  10. Usual Occupation Trucker Perma RR  11. Industry or business  12. Name Sea Jeller  13. Birthplace Baltimore Add  14. Maiden Name O ligabeth Lagrer  15. Birthplace Baltimore Add  16. Informant Mrs. Cathermy Jeller  16. Informant Mrs. Cathermy Jeller  17. Barthplace Baltimore Molecular Connections  18. Address 2 2 1 7 Barth Sea Connections  19. Date thereoff Sea Connections  19. Date thereoff Sea Connections  19. Date thereoff Sea Connection of remarks of public place?  19. Cemetery or crematory Schwarty  Location Baltimore  18. Address 2 7 0 0 Sammado on the Connection of public place?  (Specify type of place)  19. Address 2 7 0 0 Sammado on the Connection of public place?  (Specify type of place)  21. Medical Examiner.  MD  Date signed Mrs. V 15 16, 1773 Medical Examiner.	6 c If alive, give age_5 / years	Antopsy or Inques	
8 AGE: Years Months Days If less than one day  10. Usual Occupation Trucker Perus RR  11. Industry or business  12. Name Sea Jeller  13. Birthplace Baltanore Add  15. Birthplace Baltanore Add  16. Informati Alex Calherry Jeller  16. Informati Alex Calherry Jeller  17. Informati Alex Calherry Jeller  18. Address 2 2 1 7 Banks 3 3 4 5 6 6 autopsy (City or town)  19. Cemetery or crematory Schwarfs  Location Baltimore  18. Address 2 7 0 0 6 dravardown Acceptance  19. Ac	7. Birth date of deceased mo, day, yr Feb 21, 1897		Duration
9 Birthplace Raltimore Add 10. Usual Occupation Trucker Paris RR 11. Industry or business  12. Name See Jeller 13. Birthplace Raltimore Add 14. Maiden Name Olyabeth Lagrer 15. Birthplace Baltimore Add 16. Informant Mrs Catherine Add 16. Informant Mrs Catherine Add 17. Address 2 2 1 7 Bank Jeller 18. Date of occupations 18. Address Cemetery or crematory Schwarft 19. Address 2 7 0 0 Carrondoor Act (Specify-type of place) 19. Address 2 7 0 0 Carrondoor Act (Specify-type of place) 19. Address 2 7 0 0 Carrondoor Act (Specify-type of place)  19. Address 2 7 0 0 Carrondoor Act (Specify-type of place)	8 AGE: Years Months Days If less than one day	Immediate cause of death	
9 Birthplace Raltimore Add 10. Usual Occupation Trucker Paris RR 11. Industry or business  12. Name See Jeller 13. Birthplace Raltimore Add 14. Maiden Name Olyabeth Lagrer 15. Birthplace Baltimore Add 16. Informant Mrs Catherine Add 16. Informant Mrs Catherine Add 17. Address 2 2 1 7 Bank Jeller 18. Date of occupations 18. Address Cemetery or crematory Schwarft 19. Address 2 7 0 0 Carrondoor Act (Specify-type of place) 19. Address 2 7 0 0 Carrondoor Act (Specify-type of place) 19. Address 2 7 0 0 Carrondoor Act (Specify-type of place)  19. Address 2 7 0 0 Carrondoor Act (Specify-type of place)	42 8 23 hr min	The state of the s	
Due to  11. Industry or business  12. Name Sea Jelled  13. Birthplace Baltimore Add  14. Maiden Name Oly abeth Leffer  15. Birthplace Baltimore Add  16. a Informant Mrs Catherns Jelled  16. a Informant Mrs Catherns Jelled  16. b Address 2 2 1 7 Bank Jelled  17. a Burnal b Date thereoff 1 - 18 39  18. Cemetery or crematory Schwarts  Location Baltimore  18. a Funeral director Sea Wattle  20. Means of injury  21. Signature  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) While at work?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  32. Signature  33. Signature  34. Major findings  Congressions  Congressions  City or tawn)  (County)  (City or tawn)  (County)  (City or tawn)  (County)  (Major findings  Of autopsy  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or tawn)  (County)  (Major findings  Of autopsy  (c) Where did injury occurs  (c) While at work?  (d) Did injury occurs about home, on farm, industrial place, in public place?  (Specify type of place)  (Specify type of place)  (Specify type of place)  (Date signed by U. 15 IA, 1.7.19  (Major findings)  (Date signed by U. 15 IA, 1.7.19	Baltimore Md 2	Ducto alterractiones	
Due to  11. Industry or business  12. Name Sea Jelled  13. Birthplace Baltimore Add  14. Maiden Name Oly abeth Leffer  15. Birthplace Baltimore Add  16. a Informant Mrs Catherns Jelled  16. a Informant Mrs Catherns Jelled  16. b Address 2 2 1 7 Bank Jelled  17. a Burnal b Date thereoff 1 - 18 39  18. Cemetery or crematory Schwarts  Location Baltimore  18. a Funeral director Sea Wattle  20. Means of injury  21. Signature  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) While at work?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  32. Signature  33. Signature  34. Major findings  Congressions  Congressions  City or tawn)  (County)  (City or tawn)  (County)  (City or tawn)  (County)  (Major findings  Of autopsy  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or tawn)  (County)  (Major findings  Of autopsy  (c) Where did injury occurs  (c) While at work?  (d) Did injury occurs about home, on farm, industrial place, in public place?  (Specify type of place)  (Specify type of place)  (Specify type of place)  (Date signed by U. 15 IA, 1.7.19  (Major findings)  (Date signed by U. 15 IA, 1.7.19	Two, county and sate of the		
12. Name Seo Jelles  13. Birthplace Baltimer Hold  14. Maiden Name Olyabeth Lager  15. Birthplace Baltimer Hold  16. Information of Catherne Jelles  16. Information of Catherne Jelles  17. Information of Tennesh Catherne Jelles  18. Date thereof Jelles  19. Date thereof Jelles  19. Address 2 2 1 7 Barth Jelles  19. Address 2 2 1 7 Barth Jelles  19. Date of occurrence  (a) Accident, sincide, or homicide  (b) Date of occurrence  (c) Where did indury occur?  (c) Where did indury occurred by the at work?  (c) Means of injury  23. Signature  19. Date signed Nov. 15 th, 173 Medical Examiner.  Date signed Nov. 15 th, 173 Medical Examiner.	10. Usual Occupation Sucker Penna 1710	Due to	
13. Birthplace Baltimore Add  14. Maiden Name Oly abeth Legger  15. Birthplace Baltimore Add  16. Informant Alex Catherne Jeller  16. Informant Address Z Z 1 7 Bank S S S S S S S S S S S S S S S S S S S			
13. Birthplace Baltimore Add  14. Maiden Name Oly abeth Legger  15. Birthplace Baltimore Add  16. Informant Alex Catherne Jeller  16. Informant Address Z Z 1 7 Bank S S S S S S S S S S S S S S S S S S S	# 12 Name Seo Feller	Other Conditions	
14 Maiden Name Olyabeth Lagree  15 Birthplace Boltunore Add  16 Informant Mrs Catherny Jelles  16 Address 2 2 1 7 Bank S  17 In During Boltunore  18 Address 2 2 1 7 Bank S  18 Accident, swicide, or bomicide  (b) Date thereoff (May) (year)  (c) Where did injury occur?  (c) Where did injury occur?  (c) While at work?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  Date signed Nov 1 5 M, 1739  Major findings:  Of operations  (d) Address  (e) Means of injury  23. Signature  Date signed Nov 1 5 M, 1739  Medical Examiner.		ile by the common within I months of death	PHYSICIAN
15. Birthplace Bottomore Idda  16. Informant Mrs. Catherne Jelles  16. Address 2217 Borth S.  17. British Catherne Jelles  18. Address 2217 Borth S.  19. Date thereof III - 18-39  19. Address 2217 Borth S.  19.	" Shirth Sales		t'aderline the
15. Birthplace Dollar State College Jelles  16 to Informant Mrs College Jelles  16 to Informant Mrs College Jelles  18 Address 2217 Boards 53  19 a Bread Boards 53  19 a Bread Boards 53  10 autopsy 25 to 22  11 death was due to external causes, fill in the following:  12 If death was due to external causes, fill in the following:  12 If death was due to external causes, fill in the following:  12 If death was due to external causes, fill in the following:  12 If death was due to external causes, fill in the following:  13 Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  23 Signature  24 Accident, suicide, or homicide  (b) Date injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  23 Signature  24 Accident, suicide, or homicide  (b) Date injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  23 Signature  24 Accident, suicide, or homicide  (b) Date injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  23 Signature  24 Accident, suicide, or homicide  (b) Date injury occur?  (c) While at work?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  25 Accident suicide, or homicide  (b) Date injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  26 Accident, suicide, or homicide  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Date injury occur about home, on farm, industrial place, in public place?  (e) Date injury occur about home, on farm, industrial place, in public place?  (e) Date injury occur about home, on farm, industrial place, in public place?  (f) Date injury occur about home, on farm, industrial place, in public place?  (f) Date injury occur about home, on farm, industrial pl	# 14 Maiden Name O af avecto affect	Of operations	
22. If death was due to external causes, fill in the following  Accident, suicide, or homicide  Accident, suicide, or homicide  Date of occurrence  Where did injury occur?  While at work?  Date affector Seo W Little  Address 2700 Edwards Ar (Specify type of plane)  Address 2700 Edwards Ar (Means of injury)  3. Signature  Date signed Nov 15 M, 1739  Medical Examiner.	* 15 Buthplace Calturore Ital	The state of the s	charmed station
22. If death was due to external causes, fill in the following  22. If death was due to external causes, fill in the following  23. Accident, suicide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur about home, on farm, industrial place, in public  place?  (Specify type of place)  (A) Means of injury  23. Signature  (b) Date of occurrence  (c) While at work?  (City or town)  (County)  (City or town)  (County)  (City or town)  (County)  (Month of the place)  (Specify type of place)  (City or town)  (County)  (	16 Informa Sha Catherne Telles		
17 a Bure of Date thereof (hourth) (day) (year (country)	MAddress 7219 Bank St.		ollowing
Cemetery or crematory Schwarzs  Location Baltimore  Location Baltimore  While at work?  (Specify type of place)  (Address 2700 Edwards on Address 2700	B	(a) Accident, suicide, or homicide	
Location Baltimore  Location Baltimore  Location Baltimore  Location Baltimore  (Specify type of place)  (Means of injury  23. Signature  Date signed Nov 1514, 1934  Medical Examiner  Date signed Nov 1514, 1934  Date signed Nov 1514, 1934  Medical Examiner	Illurial cremation or returnal (month) (day) (year)		
Location Baltimore  Location Baltimore  (a) Did injury occur about home, on farm, Indistrial place, in possible place?  (Specify type of place)  (A) Address 2700 Edwardson Av (2) Means of injury  23. Signature  Date signed Nov 1514, 1934 Medical Examiner  Date signed Nov 1514, 1934 Medical Examiner	Cemetery or crematory Schwalls	(City or lown) (Code	
Address 2700 Edmonds on Av (8) Means of injury  23. Signature 24 L. Walter Examiner  19 4 January Date signed Nov 15 14, 1939 Medical Examiner	Location Baltimore	d Did injury occur about home, on larm, industrial	k)
Address 2700 Odmondson No 23. Signature Dd L. Wakishing Lear MD  19 4 January Date signed Nov 15 14, 1939 Medical Examiner.	Sen W Littles	(Specify) pe of plane)	
19 4) 1 1 1 15 14, 1739	2900 Edmondron Ac	Means of injury	- MD
19 1 Date signed 1 TV 13 12, 1739			T.
	19 a march backing the state workshop	Date signed Not 13 12, 1179	ver

VB 3

# CERTIFICATE OF DEATH

F 62962 Registered No.

F 62962

PLACE OF DEATH:  Baltimore City, Maryland  A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RCE OF DECEASED:  1. County Balts  1. Rate and Research
Baltimore City, Maryland Cheans State M.	13 County 13 all
14/6 (erleans x)	13 altricion
Street addition	
Howartal or institution	Contains a significant to the contains and the contains a
1	1916 aleano De
	(If rural give location)
Length of stay in hospital or inst. yrs., mos., or days	to loss in 11 S.A.) years
Length of stay in Baltimore (yra, mos., or days)	n, how long in U. S. A.)
0 00 1-1	Hali
and the state of t	MEDICAL CERTIFICATION
(b) If veteran, name war 3 c Social Security Account	1 11 29 5 B.
No. 20. DATE OF DEA	
Sex_ 5, Color or race 6 a Single, married, widowed, or 21. I certify that d	learn occurred on the date above stated; that lattend-
M ull divorced las	- 1201 137 War 1 1907.
remail 11 miles	when whire on Whr 14 1934
Name of husband or wife. It alive, give age years to be all alive, give age	Duration
of Halles	
Bith date of de eased mo, day, yr	Caremona 390
AGE. Years Months Davs I less than one day	euma-
54 9 6 hr min. Due to	But
Batterior Batterior	Remark
9. Birthplace (Tewn, county, and state)	
10 Usual O cupation	
11. Industry or business	
	regnancy within 2 months of death) PHYSICIAN
E WISHOT FINDINGS.	Underlineth
13 Birt place Salleword Of operations	Such leath heald
14 Malcen Name accellia Baker Chr	harged start
14 Malcen Name Of autopsy	tically,
15, Birthplace Delleum	s due to external causes, fill in the following:
16 a Informant & Selo Hales 22. If death was	winds or horneide
(a) Accident,	nuicide, or homicide
b) Address / 7 6 Will Will 39 (b) Date of occ	
17 (a Burial b Date thereof 1/3/9 (c) Where did	injury occur? (City or town) (County) (State)
J. Did injury	occur about home, on farm, industrial place, in pub
Cemetery of Creme	While at work?
Location acquired	Specify type of place)
18 a Funeral director to the felles ch	njuy, T.P.
000 - 1/4/00 140	alm Deman
b) Address 20 + to Silliams, M.P 7/8	Pattern The anonce signed 1 N/3
19 (a) Registrar Address /	1

VS 3

CERTIFICATI		
NI CO OF PETTIL.	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH:	g State Md 1 County Ball	3
Baltimore City, Maryland	a State	
b) Street address 2035 Lake Une	City or town Balticison	
Direct audiess	c City or town	AL and give town)
e) Hospital or institution:		
	De Sale Un	
	(If rural give location)	
d Length of stay in hospital or inst. yrs., mos., or days	0	years
	e If foreign born, how long in U.S. A.?	year
Length of stay in Baltimore via mos., or days		
1 / K V	Tough	
3 (a) FULL NAME	MEDICAL CERTIFICATION	-
a S int Security Account		4 7 3
3 (fr) is version, many		9. at/ N
No.	20 DATE UP DEATH A CO	
5. Color of pace   6 (a) Single, married, widowed, or	21. I certify that dear occurred on the date above	11 2
divorced Massiel	ed deceased from the 1987 to 19	1.1
J' W Marie C	ed deceased from The International	19 57. /
ohn Stensle	and that I last saw her alive on the . If	1 2
6 b Name of husband or wife 6 lf alive, give age years	Immedite cause of dearto	Duration
6/r It alive, give age	Throwing allered arend	7 >
7. Birth date of deceased mo. day yr alleg 21-1850	OLD CON MUNICON	2.
Ad .1 Design Light One day	lace to the state of the	
A AGE: Tears Months	to rejourne	
9 225 hr min		
Batterine		
9. Birthpla e (Iown, co of ond state)	Due to	
you house	11 ve Amire	300
10 Usual Occupation	Other Conditions	The second second
11 Indust y or business		PHYSICIA
· uter	(Include programmy within 2 months of death)	The second second
H 12 Name	Major findings:	Codortino
13. Birthplace Ballenore	Of operations	death should
S. A. August		death should charged ats
# 14 Maiden Name		tically.
E Run	Of autopay	
	22. If death was due to external causes, fill in the	e following:
16 a Informant Mrs Elsie Bardret	(a) Accident, suicide, or homicide	
10 a minimum of 52 5- Dake Mile		
h Address 9535 Kake Vac201		
Date thereof	I. Where did injury occur?	County)   State
(Burial, cremation, or removal)	(c) Where did injury occurs (City or tawn)	
1500141	(d) Did injury occur about home, on farm, industri	
Cemetery or crematory	place? A White at	WOIR
Location Wanger Mill or	Specify the of place)	
Und 14 Y I a def	(e) Means of injury	-1-
18 (a) Funeral director		700
LANGE LANGE OF THE	23. Signature	( X/1)
(b) Address	5 Hu Manie	signed 4//6
19 (a) Registrur	Address YOO Y C. Mesol	
19 (a) Date resident contests	V	

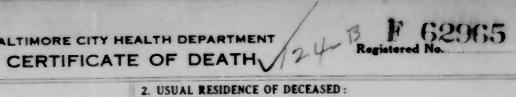
#### HEALTH DEPARTMENT-CITY OF BALTIMOREG2964

CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No ... 624 H Franklin (If death occurred in a hospital or institution, give its NAME instead of street and number.) Length of residence in city of town where death occurred. I yes If U. S. Veteran epecify WAR (a) Residence: No. 624 (If non-resident give city or town and State) (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, 21. DATE OF DEATH (month, day, year CERTIFY, That I attended tor) WIFE of to have occurred on the date stated above, at ... 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than Date of enset 1 day ..... hrs. Julmonery Toprealoses 1. Irade, profession, or particular PATION kind of work done as spinner. sawyer, bookkeeper, etc ... 2. Industry or business in which work was done, as silk mill, Other contributory causes of importance. saw mill, bank, etc. 11. Total time (years) 10. This deceased last worked at 'als occupation (month and 12. BIETHPLACE (city or town) no Date of Was an operation performed? For what disease or injury? Name of operation What test confirmed diagnosis (State or country) 23. If death was due to external causes (violence) fill in also the following: 15. MAIDEN NAME DOWN KINS Accident, suicide, or homicide? ..... Date of Injury .... Where did injury or ur? 16. BIRTHPLACE telty or town! (Specify whether injury occurred in industry, in home, or in public State or ou place 1024 W. Traux Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of decrased? w If so, specify

Registrar.

...

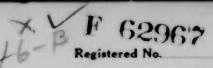
### BALTIMORE CITY HEALTH DEPARTMENT



1. PLACE OF DEATH:  (a) Baltimnre City, Maryland  (b) Street address  4940 Restern Ave.	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County
Balto. Vity Hospitals	(If outside its or town limits, write RURAL and give town)
d Length of stay in hospital or inst. yrs., mos., or days 11 days.  Length of stay in Baltimore yrs., mos., or days 25 yrs.	If rural give location)  (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME David Yingling	
3 (b) If veteran, name war  No. 705-03-6/62	MEDICAL CERTIFICATION  20. DATE OF DEATH //- / 4 1939, at 10 p.M.
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that Inttended deceased from 11-3 1937, to 11-14 1939, and that I last saw him alive nn 11-24 1939.
6 h Name of husband or wife Anna Jane 6 c If alive, give age years	Immediate cause of death  Whomical Conservation  Less than
7. Birth date of deceased mo. day, vr. 1-10-1869 8. AGE: Years Months Days Hess than one day 70 10 4 hr. min.	Due to Circhoes of Liver ? day
9 Birthplace M  10. Usual Occupation boiler maker  11. Industry or business	Other Conditions
12. Name Emanuel (d)  13. Buthplace Md.  Mary Millison (d)	Major findings: Of operations A Circhocai of Civil to the to the Deltoniquel Evis cerutions  Bulloniquel Evis cerutions
14. Martien Name  15. Burbulace  Md.	Of an opsy No
B.C.H. Records  Address  B.C.H. Records  Determined 174939  Determined (month) (day) (year)  Cometery or crematory  Location Baltimore Mod  B.C.H. Records  Address  Address  Company of Company  Company of Company  Records  Recor	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury
13 a Address 2433-35 & Clive 34.	23. Signature Z.K. Woshward fr. M. D. Address alto City Hrop. Date signed 1-15-3.

HEALTH DEPARTMENT—CITY OF BALTIMORE of 62966 62966 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No..... (11 death occurred in a hospital or institution, give its NAME instead of street and number.) da. How long in U. S. If of foreign birth? yra moa da. If U. S. Veteran specify WAR 2 FULL NAME (a) Residence: No. (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (menth, day, year) Mall I HEREBY CERTIFY, That I attended deceased from married nov 16 Sa. If married, widewed, or diverced HUNBAND of (or) WIPE of 0 15 19 39. Death to said mark to have occurred on the date stated above, at 12 32,m 6. DATE OF BIRTH (month, day, year) May 29 The principal cause of death and related causes of n 000 7.3 Monthe Cerebral Herromhage 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... 9. Industry or business in which Coal Cier work was done, as sith mill, now mill, bank, etc. 11. Total time (years)
apent in this
occupation. 5 layer 10. I'mte decenaed last worked at this occupation imply and a 12. HIRTHYLACK (etty or town) OZalt. Vas an operation performed - NO (State or country) For what dhome or injury? Name of operation 14. MRTHPLACE (city or town) ... Was there an autopay? What test confirmed diagnosis?..... 23. If death was due to external causes (violence) fill in also the fol-15. MAIDEN NAME unknows Acrident, suicide, or homicide?.... Where did injury occur?. 16. HIRTHPLACE (city or town) (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public (State or country) 13. INFORMANT Manner of injury IN BURIAL, CREMATION OR REMOVAL Sature of injury 24. Was discuss or injury in any way related to occupation of deceased ! 19. UNDERTAKER If we precify (Address) Proposition of the Registrar 24, FILFD

Registrar



#### 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) Baltimore City, Maryland (a) State Virginia (b) County b) Street address Willen Lark Drive and Blat St. (c) City r town Ho ewell () Hospital or institution: U. S. Marine Fospital, Baltimore, Mi. d Length of stay in hospital or inst. (yrs., mos , or days) 30 day (e) Length of stay in Baltimore yra., mos., or days 36 days 3 (a) FULL NAME Adam R. Hartman 3 (c) Social Security Account 3 b If veteran, name war No 6 (a) Single, married, widowed, or 4. Sex 5. Color or race divorced. Male White Married 6 & Name of husband or wife Alice M. Hartman 6 (c) If alive, give age 7. Birth date of deceased mo, day, yr) September 3, 188 If less than one day Months DAYR 8 AGE: Years raltimore. Larvland 9 Birthplace (Town, county, and state) Master of ship 10. Urual Occupation Maritime 11. Industry or business 12. Name Joseph Martmen Baltimore, Mar land 13 Birthplace Barbara Eckhart 14 Maiden Name 15. Birthplace Faltimore, Paryland 16 a Informant . ecorus - U. S. Marine Mospital b Address Baltimore, Maryland. 16 Date thereof 11-17-39 (month) (day) (year OAK LATT C Cemetery or crematory STERN ROAD 18 a Futieral director (b) Address

Itf rural give location)	
e) If foreign born, how long in U. S. A.?	year
MEDICAL CERTIFICATION	
20. DATE OF DEATH NOV. 14. 1939	*6 :00A N
21. I certify that death occurred on the date above states	
ed deceased from Oct. 8, 1959 , to Nov.	14, 1939
and that I last saw h im slive on 20%. 14, 19	
Immediate cause of death	Duration
Carcinoma of stomach with	l yrs.
generalized abdominal motastasis	
Due to	
Due to	
Other Conditions lal nutrition and	
inanition due to obstruction	PHYSICIAN
M C	Underline th
Of operations Large amount of accites	cause to whic
and notular masses in abdomen.	death should b
Abdominal cavity distended with 1 Of autepsyCarcinoma of stomach	tically lyic
22. If death was due to external causes, fill in the fol	lowing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(c) Where did injury occur?	tv) (State)
(City or town) (Count d) Did injury occur about home, on farm, industrial p	
place) While at work	
Specify type of place)	
(e) Means of injury M. 11, and clus 23. Signature T. M. 11, and clus Address U. S. Marine HospitaDue sign	in

(Thats rea'd by regularian)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



h Street addiess 4940 Eastern Ave.  c) Hospital or institution:  Bultimore City Hospitals  d) Length of stay in hospital or inst. (yrs., mos., or days) 25  c) Length of stay in Baltimore (yrs. mos., or days) 11fe	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town  Balto.  (d) Speed No. 409 W. 28th St.  (d) Foreign born, how long in U. S. A.)  years
John Compton  S the If veteran, name was 3 to Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Wounder 19 39 , at 5 0 M
Male White Single, married, widowed, or divorced ried-separated  Name of husband or wife Ida	21. I certify that death occurred on the date above stated; that lattended deceased from 15.19 19 39, to 100.14 19 31, and that I last saw how alive on 14 19 34.
6 C If alive, give age years  7. Birth date of deceased mo. day, yr 1-12-1886  8. AGE Years Months Days If less than one day  53 10 2 hr. min.  9. Birthplace M  10. Usual Occupation Blacksmith	Duration  Carcinoma ay the hury  Due to  Other Conditions
12 Name James 13 Buthplace Maile 14 Maden Name Katie 15 Buthplace Md.	Of auropsy  Walter Arm.  PHYSICIAN  PHYSICIAN  Of auropsy  Walter Arm.
16 (a) Information B.C.H. Records  16 (a) Information B.C.H. Records  17 (a) Burial Date thereof MV17, 19c  18 Cemetery or company (year)  Location	22. If death was due to external causes, fill in the following:
(a) Funeral director  (b) Address 36 N=17  (c) Address 36 N=17  (d) Address 36 N=17  (e) Address 36 N=17  (f) Address 37 N=18  (f) Address 37 N=18  (f) Address 37 N=18  (f) Address 38 N=18  (f) Addr	23. Signatural Selfory Date signed 11-15-59

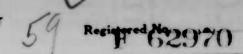
50023-FS

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

		GUUU I
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	a State b County	
Street address 4940 Eastern Ave.	(a) City or town Politic	
Belti ore City Hospitals	(c) City or town Balto.	L and give town)
Length of stay in hospital or inst. yrs., mos., or days 4 days Length of stay in Baltimore yrs., mos., or days life	d Street No. 1353 Jackson St.  If rural give location)  e If foreign born, how long in U. S. A.?	year
(a) FULL NAME		1
(b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  MUCHINE 14 19 39	6 55 P.M
Sex 5. Color or race 6 a Single, married, widowed, or divorced Married	21. I certify that death occurred on the date above state ed deceased from www. 10 1939, to www.	d, that lattend-
(b) Name of husband or wife Wm.	and that I last saw here alive on here. 14 19	
6 c If alive, give age years	Immediage cause of death	Duration
Hirth date of deceased (mo., day, yr) 7-17-1888	Lobar Premoria	o days.
AGE: Years Months Days If less than one day		
51 3 27 hr. min.	Due to	
Birthplace Md. (Tewn, county, and state)	Due to	
. Usual Occupation Housework		
I Industry or business	Other Conditions Plumatic Heart History	when.
12. Name Robert Scott	Include programmy within a months of death	PHYSICIAN
13. Birthplace Md .	Major findings:	the Lelius the
Manu Flam Manua	Of operations	cause to which
14 Maiden Name MC . MC .	Ot autopsy nel dene	teath and liber
(a) Informant B.C.H. necords	22. If death was due to external causes, full in the fol	lowing
(b) Address	a Accident, suicide, or homicide	
Burial Date thereof Nov 18/939	b Date of occurrence	
Cometery or crematory Godar Hill	(City or town) (Count	
B 11 med	d Did injury occur about home, on larm, industrial p	
1. Cel La Decreate	place? While at work	*
	(e) Means of injury	
1) Address 715 Light St	Addrey Date City Hosp. Date sign	M. D.
TOTAL TO U.S. P. P. S.		

# CERTIFICATE OF DEATH



1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State In L. (b) County
(d) Dalomote City, Maryland	(a) State In Land (b) County
(b) Street address 2808 marsel st	(c) City or town Westport, Ballo md
(c) Hospital or institution:	(c) City or town Westfort Ballo md (If outside city or town limits, write RURAL and give town)  Street No. 2808 massel at If rural give location)
	In Succe No. 2808 massel st
d Length of stay in hospital or inst. (yrs., mos., or days)	If rural give location)
	(e) If foreign born, how long in U. S. A.? years
e Length of stay in Baltimore (yrs., mos., or days)	
3 (a) FULL NAME Emma V Elle	MEDICAL CERTIFICATION
3 (h) If veteran, name war 3 (c) Social Security	
No.	20. DATE OF DEATH 19 14 1939, at 4 3 4. M
4. Sex   5. Color or race   6 (a) Single, married, wid	dowed, or 21. Legitify that death occurred on the date above stated; that lattend-
diversed.	11 16 cm 19 , to 19 , .
I male white married	and that I last saw h _ alive on / 1971.
6 b Name of husband or wife Thomas W	Duration Duration
D (C) It alive, kive age	The same of the sa
7. Birth date of deceased mo, day, yr Jan 14 /	
8. AGE: Years Months Days / If less than on	ne day
6/ 9 hr.	nin. Due to .
9. Birthplace Howard Co md	Due to
10. Usual Occupation Housework at home	Other Conditions
11 Industry or business	Other Conditions
12. Name James Stincheamb	Other Conditions  (Include Fregnancy within 3 months of death)  PHYSICIAN
	Major findings:
13. Birt Aplace md	Of operations cause to which the light health he light
# 14. Maiden Name Commile Twarm	harged statis
P .	Of autopay tienly
15 Birthplace md	language fill in the following:
16 10 Informant Thomas W Ellison	(a) Accident, suicide, or homicide
1 Alden 2808 march st	
2 . 1 Date thereof Nov	11/197 will the interpretation
(Burial cremation of tributes	(day) (year) (c) Where did injury occurr (City or town) (County) (State)
is a gothy	d) Did injury occur about home, on farm, industrial place, in publ
Location Mountain Road aa	Co Ind place? Specify type of place) While at work?
Location foundament to he have	
18 a Funeral director William W Marea	23. Signature M. D.
Address 715 Light St	73 Signature
The same of the sa	Address 250 - was a Date signed 1114
19 (2) Units rue d by r its strar	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



F 62971 2. USUAL RESIDENCE OF DECEASED 1. PLACE OF DEATH: a State Md Baltimore City, Maryland 4 County 1 Street address 704 W. Farrmont and Hospital or institution. I length of stay in hospital or inst. yrs, mos, or days e Length of stay in Baltimore (vrs., mos., or days 3 mulle It foreign born, how long in U. S. A.? 3 / FULL NAME HENRY MEDICAL CERTIFICATION 3 C Social Security Account 3 / If veteran, name war No 245-14-5367 20. DATE OF DEATH hovember 12 th 1939, at 9 30 21. IHEREBY CERTIFY, That I took charge of the remains described 5. Color or race 6 a Single, married, widowed, or 4. Sex above, held an autopay thereon and from the evidence divorced obtained by said me to boy find that said deceased came 6 6 Name of husband or wife 6 c If alive, give age death on the day stated above. 7. Birth date of deceased mo, day, yr. Duration Immediate cause of death If less than one day 8 AGE: Years Months Wound, downated seels Courte alcoholision 2. Birthylace Green Ville 10. Usual O cupation Laborer II Industry or business Other Conditions Tremas his 12 Name Have A PHYSICIAN (It is before to within more) of death 13 Birthplace Major findings I' derline the Of operations death should be \$ 15. Bribplace charged status 16 to Informan mabel mc Houan Of autopsy 22. If death was due to external causes, fill in the following 1 Address 706 W Farmont are 10 Accident, suicide, or homicide Recident b Date thereof // -/7- 39 b Date of accurrence nov. 112, 17 ) (c) Where chid injury occur? 704 0 76 m + 1 2 Cemetery or cremetory Mt Colvary Charlari (County) (-tat d) Did injury occur about home, on farm, industrial place, in public Location a. a. Country Ma cerear While at work) ho 18 a Funeral director Hilliamy & Jackson (6) Means of injury 3 all down cellar from street 23. Signature It I wallamurcher -Date signed - 7 12 14, 19 74

the witters

HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No ... 1. PLACE OF DEATH (If death necurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. mos. ds. How long ln U. S. If of foreign birth? yra mos. de. Length of residence in city of Pown where death occurred lf U. S. Veteran specify WAR Jaurso 2. FULL NAME (If non-resident give city or town and State) (a) Residence: No... (Usual place of above) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, r Dispreed (write the word) 21. DATE OF DEATH (month, day, year) 3. AEX 4. Color or Race attended deceased 1 HEREBY CERTIFY emale Sa. If married, widowed, or divorced 39 Donth in said HUSBAND of (orl WIFE of to have occurred on the date stated above, at The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of exect If LESS than importance were as follows: Months Days T. AGE 1 day,\_\_hrs. or .....min. 8. Trade, profession, or particular kind of work done, as spinner. OCCUPATION sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, Other contributory causes of importance: any mill, bank, etc .. 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation. Vent) Was an operation performed? 12. BIRTHPLACE (city or town) (State or country) For what disease or injury? Name of operation What test confirmed diagnosis? Defa Was there an autopay? 14. BIRTHPLACE (city or 23. If death was due to external causes (violence) fill in also the fol-(State or country) lowing: 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (Suite or country) II. INFORMANTO Manner of injury (Address) 18. BURIAL CREMATION, OR REMOVAL Nature of injury (atted re but H 24. Was disease or injury in any way related to occupation of deceased? ... If now arterify (Address) 2/

Registrar.

plain

, 19....

Physicians: please write the causes of death clearly and legibly.

## CERTIFICATE OF DEATH

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:		
(a) Baltimore City, Maryland	(a) State Maryland (b) County	
(b) Street address 33 West Calvert.	(c) City or town. Saltimore	
(c) Hospital or institution: Hospital	(c) City of town I de la la land town limits write RURAL	and give town)
man Wemanar Hoopings	(d) Street No. 203 Ridgewood Road	
the state of the state of the state of days 3days.	(f rural give location)	
(d) Length of stay in hospital or inst. (yra., mos., or days) 3days.	to 16 Govern how how long in 11 S.A.)	years
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Sweet Parkin Keech. St.	MEDICAL CENTURE ATION	
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	10:20
now No. now	20. DATE OF DEATH 1939	
4 Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
M divorced. Manual.	ad deceased from Nor. 13 19.39, to 100.	16 19-27.
Mar. P. Keech	and that I last saw h . alive on 19	39
6 (b) Name of husband or wife Mrs. E.P. Keech 6 (c) If alive, give ag (3) years	Immediate cause of death typeltmoire	Duration
0 (4) It allows good 2	leutdissen scholas failure	
7. Birth date of deceased (mo., day, yr.) Way 22,1870		
8. AGE: Years Months Days If less than one day	Due to	
69 5 25 hr. min.	Due to	
9. Birthplace Maryland	Due to	
	Due to	
10. Usual Occupation	Other Conditions Paralytic leus.	
11. Industry or business		PHYSICIAN
E 12. Name Mr. Edward P. Keich, Sa	(taclude pregnancy within 3 months of death)	
13. Birthplace Miss Cling John Maryland.	Major findings:	Underline the
15. Birmpinee 7	Of operations	death should be
14. Maiden Name Miss Clina Johns		charged statis-
& 16 Bushalace Maryland.	Of autopsy	I tically.
Soul Pokas - Soul	22. If death was due to external causes, fill in the fo	niowing:
2/1/2/2	(a) Accident, suicide, or homicide	
(b) Addition Harage fleety Modera 39	(b) Date of occurrence	
17 (a) Burell & Date thereof 107-18-39 (month) (day) (year)	(City or town)	nty) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial	place, in public
(c) Cemetery or clematory	While at wor	k?
Location COMPACT	(Specify type of place)	
18 (a) Funeral direct TEWART & MOWEN COMPANY	(e) Means of injury	06 0 00000
(b) Address (W. F. WOODEN SUG.) 108 W. NOATH AYENDE	23, Signature	<b>м</b> . <b>р</b> .
02/3 C 1000 (b) //	Address Down Kname by Date sig	med A Cha
(a), (b) A Registrar	Address	

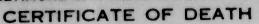
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. F 62974

	2. USUAL RESIDENCE OF DECEASED:
. PLACE OF DEATH:	
a) Baltimore City, Maryland	(a) State (b) County
b) Street address 1422 E. Lanvale St.	c City or town (If out ide city or town limits, write RURAL and give town)
c) Hospital or institution:	alf out ide city or town i mits, write ite it
	Spect No. 1432 E. Lanvale St.
d) Length of stay in hospital or inst. (yrs., mos., or days)	U. T.
e) Length of stay in Baltimore (yrs., mos., or days)	of If foreign born, how long in U. S. A.?
Account	MEDICAL CERTIFICATION
No. 214-03-7368	20 DATE OF DEATH Navember 13 1939, at 1106/M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	and the last accurred on the date above stated, that lattend
Wola hite divoued arried	11 Stem Housey 1936, which to 1931
6 h Name of husband or wife 'ary Malen Tygon	and that I last saw here alde on
O C III wheel Real and	Duration
7. Buth date of deceased mo, day, yr. ay 29, 1878	Anterio selvolie cardio
8 ACE: Years Months Days	
61 5 15 hr. min.	Coronery Thombre Indet
Boltilore	
(Town, county, and state)	Due to
10. Usual Occupation Eng. sver	Other Conditions Machite 3 year
11. Industry or business : 11versmit	I PHYSICIAN
12. Name Harry Rawlings	clinclude pregnar s within 3 months of death  Major findings:
2 13 Birthplace / ngland	Major indings:  Of operations leath heald
# 14 Maiden Name Wory Ellen Goslyn	charged sat
	Of autopsy tically.
15. Birthplace England	22. If death was due to external causes, fill in the following:
16 a Informant lazo = Lanvale St.	(a) Accident, suicide, or homicide
14.11	
Buriel b Date thereof 11/17/09	(State)
(c) Cemetery or crematory Cathedral	d) Did mury occur about home, on farm, industrial place, in pub
5-14 imons	place? (Specify type of place) While at work?
his alafald	(Specify type of place)
18 a Funeral director Rita miedel siu	(1) Means of injury Wellet Plank Sikersh
Address 14 Greenmount Ave	23. Signature College Day angued 11/13/
19 at 1 10 10 meeting on took all the	Address 939 mc Certif Date signed 1139
(Date rec'd by registrar)	Howard . Moeding M. D.

PLEASE WRITE PLAINLY, WIL

BALTIMORE CITY	HEALTH	DEPARTMEN
	TE 05	DEATH



2. USUAL RESIDENCE OF DECEASED:

Registered No. B 62975

Street address I200 Valley Street	6 City or sown Ballimore
Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
Little Sisters of the Poor	14) Strong No. 1200 Valley St
Length of stay in hospital or inst. (yrs., mos., or days)	(If rural vive location)
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
(a) FULL NAME Salvatore Diparts Lo. 94	da.
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH NOV. 15, 1939 19 9pmm. M
Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Single Wildness	21. I certify that death occurred on the date above stated; that lattend-
(b) Name of husband or wife	and that I last saw ham alive on nov 13 - 1989.
6 (c) If alive, give age years	Immediate cause of death acute Broncheles 8 days
Birth date of deceased (mo., day, yr.) October 1850	acute Broncheles 8 days
AGE: Years   Months   Days   If less than one u	
hr. min.	Due to
Patalan Ital	
(Town, county, and state)	Due to
10. Usual Occupation Shoemaker	Other Conditions Edema of Lungs 1 day
11. Industry or business	
12. Name	(Include pregnancy within 3 months of death)
	Major findings: Underline the
13. Birthplace Italy	Of operations cause to which death should be
14. Maiden Name Giovanna DiStefano	charged statis-
15. Birthplace Italy	Of autopsy tically.
16 (a) Informant Little Sister's of the Poo	22. If death was due to external causes, fill in the following:
(b) Address I200 Valley St.	(a) Accident, suicide, or homicide
Q 18 UD. 1 MOS 17 1939	(b) Date of occurrence
(month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cernetery or cremetory Catherral	(d) Did injury occur about home, on farm, industrial place, in public
1 - Sallmon.	place? While at work?
18 (a) Funeral director Rua Wudefuld	(e) Means of injury
b) Address 9 14 Grunn ours, Are	22 Standard & Gill Pall
1 I m or Hollalla, M. b.	Address 1031 E-North av Date signed MW 16 39
19 (a) Registrar	Address / Date signed Mary

62975

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

62976

1. PLACE OF DEATH:

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

F 62976

Balumore City, Maryland	a State Ald & County	- 4
1) Street address 1510 Temper all	City or town Istaliana	
(c) Hospital or institution:	(If out ide city or town limits, write RURA	L and give town)
1	de Street No.	ley
d Length of stay in hospital or inst. yrs., mos., or days	ill rimal give location?	/
Length of stay in Baltimore yrs., mos., or days /6	e If foreign born, how long in U. S. A.	years
3 (4) FULL NAME ( )		
les W. worton	MEDICAL CERTIFICATION	ga
Western, name was 3 c Social Security Account No.579-14-8116 X	20. DATE OF DEATH Level 10 12	
1. Sex 3 Color or race b a Single, married, widowed, or	21. HIEREBY CERTIFY, That book charge of the re	mains described
M Col divorced	above, held an faculty thereon and from	m the evidence
1 Name of husband or wife Gertrude Libror	obtained by said find that said	deceased came
Name of huadand of wife	(Auto, y or Injuiry)	
Birth date of deceased (mo., day, yr.)	tokin death on the day stated above.	
AGE: Years Months Days If less than one day	Immediate cause of death	Duration
45 hr min	Coremona & Sana	
Birthplace Calverton U.a.		
Birthplace Carry on ty and tate	Due to	
O. Usual Occupation La borle,	Due to	
1. Industry or business	170-10	
12 Name John Gibson	Other Conditions	
12 Name John A		PHYSICIAN
13 Birthplace not home	(Include pregnancy within a months of death	
14 Maiden Name Sussil Rayrela.	Major findings:  Of operations	Underline th
Is Robolese Va.		d ath hould b
10 (1) Interment Gertrude Tubson F	Ot autopsy	tiently
o la Intermant	22. If death was due to external causes, bill in the	following
1 Addres / 5/0 tempin alley	(a) Accident, micide, or homicide (see	
Date thereof (month) (day) (year)		
	Where dul mury occur?	DELYI LEGI
Cemeral or crematory Matural	Did injury occur about home, on farm, industrie	
Location Fredrich Road	While at w	
18 a Funeral director to know a Wilson	(Specify topo of pines)	
1 Addres 1000 - Brantle	23. Signature & Will will Light	M.I
19 19		ner.
19 (0) Registrari	Date signed 1. 15 137	

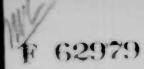
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62977	CERTIFICATE	OF DEATH	977
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 6.01	ghild are	2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County  (c) City or town Baltimore	
d Length of stay in hospital or inst. (yrs.,	mos., or days)	(If outside city or total limits, write trokal de Street No. 60 (If rural of focation)	lder,
(e) Length of stay in Bahimore (yrs., mos.,		(e) If foreign born, how long in U. S. All	years
J O II vectori, manine	Social Security Account	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  1939	. at 3 P. M
A Mute divorced.	le, marzied, widowed, or	21 I certify that death occurred on the date above state	ed; that lattend- 14 1939.
6 (b) Name of husband or wife amil	ive, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo., day, yr.) (8. AGE: Years Months Days 76 67 11	If less than one day ht. min.	Carlio-vasculo- reval direas	Michigo
9. Birthplace Balto (Town, coun) 10. Usual Occupation House	My, and start	Due to	
II. Industry or business		Other Conditions	PHYSICIAN
12. Name William 1.	. b vans	(Include pregnancy within 3 months of death)  Major findings:	Underline the
14. Maiden Name 6 ather	ine Willow	Of operations Of autopsy	death should be charged statistically.
16 (a) Informant Ans	ril Reger	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide	
17 (a) Buttal (Burial, cremation, or removal)	hered 11 17/37	(b) Date of occurrence (c) Where did injury occur? (City or town)	unty) (State)
Location by	missan	(d) Did injury occur about home, on farm, industries place?	ork?
(b) Address 3 age	& Ballot	23. Signature	M. D.
19 (a) (b) (b) (b) (c) (b)	A Begistrar	Address 2800 Hayna Mi Date s	ngned //

153

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland	(a) State Md. (b) County
1) Street address Redwood - Truese do	
de Hamital as institution:	(c) City or town Bullimore
University Hospital	F F F I ON SHE CITY OF TOWN DIRECT. WITH RUN BY MING KIVE TOWN I
	1 Street No. 4606 Harfal Rd.
d Length of stay in hospital or inst. (yrs., mos., or days) If lay	If pral give location)
Length of stay in Baltimore yrs., mos., or days	(e) If foreign born, how long in U. S. A.) years
Samue, W. Claud	dy V
h If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH No Number 15 1934, nt 6 3 M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated, that lattend-
Mile W divorced Willows	ed deceased from N.Y. 1 1937, to N.Y. 15 1924.
	and that I last saw hard alive on Nov. 15 1937.
Name of husband or wife Angles	and that I last saw has alive on
6 (c) If alive, give age years	Immediate cause of death Consolian Duration
Birth date of deceased mo, day, yr 0113-1861	Cerebral Embolism on how
AGE: Years Months Days of less than one day	
78 7 2 hr min.	Due to trival Herombus. Carbins one week
10	
Birthplace (T. wn. county, and state)	Due to deprementice Articio desta C.V Para veela
10. Usual Occupation Peters of Clark	Dissail amortine failure + am. tetritorian
1. Industry or business P.R.R.	Other Conditions Perpetral Eurobesia
7 22 1	PHYSICIAN PHYSICIAN
12. Name volum W. Claudy	Include reversely within I menth of death
13. Birthplace	Major findings:
A - 9 .	Of operations
	charged station
15. Birthplace	Of autopsy   thath.
16 1 Informant Cruel E. Clandy	22. If death was due to external causes, fill in the following
11 Address 4600 Harford Rd	1 Accident, suicide, or homicide
1 1 1 11-17-38	b) Date of occurrence
17 a Carkwood b Date thereof 11-17-39	(c) Where did injury occur?
Cemetery or crematory	d Did injury occur about home, on farm, industrial place, in public
	place? While at work?
Location 1 1 1 1	Specify type of place)
18 (a) Funeral director	(e) Means of injury
(b) Address 5305 Hayers Rd.	13. Signature Starley C. Gradley
620 How - Kin	Mull. Hose 2 11/153
and the charge tradition of the Pollingers Bygistens	Address Will. Hosp. Date signed 11:15.3



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00 F 62979

F 62979	)		CERTIFICA	TE OF DEATH	Reg. Dist. No	
PLACE OF DEATH:				2. USUAL RESIDENCE HOM	ME OF DECEASED:	
					County	
wa')				State	Wa	ard No.
ty or town Baltimo	ity or t wn limits	s, write LUR.	AL NI AR and give t wn	City or town of outside city or to	wn limits, write RURAL NEAR and give	town)
reet address, hospital, or ins	titut on		g Ave.,	3515	Spaulding Ave.	
	2575 5	didi.	E N' > V	A Section 114	If rurai g ve LOCATION)	
tay in hospital or inst. yrs.	or mos or days	10	) yrs	2 IF VETERAN, NAME WAR		
tay in this community lyrs					3. (b) Social Security	Number
E (a) FULL NAME						
Mrs.Carri	e Belle	Forney	Harner	2.400	ICAL CERTIFICATION	our
	Color or ruce	6 a Single	married, widowed, or divorced	MEDI	/ ( )	q Vit S
	1944				v - 15' 193	1.00
F	Vi		Vidow			d from
6 (%) Rame of husband or w	. Harry	C.Harr	ner	1 1000	19 3 10	2.11 31.
		girl tf alle	e give age years	and that I fast saw h 11 alive	on the dale above stated. That I attended dec	19
	24					DURATION
7 Birth date of deceased me day yr		9,187	If less than one day	Immodute cause of death		4
8. AGE: Years	Months	Davs	11 1622 1190 000 001	Careb.	amonhas	ndore
66	6	6	hrs	7	-00	1
30		oll Co	., %d.	ge 10 / 3 7	Acternas	3
9 Birthplace	1 wn	county, and	state)	( All All All All All All All All All Al	Pengion	yw.
10 Usual occupation	Hous	enife		Done Helpe	ALLANDA	0
		ework	The state of the s	110		The state of the s
11. Industry or business	Alfred		ev	Diner conditions		
12 Name					the formathe of death)	-
13 Birthplach	Md.				nancy within 3 months of death)	PHYSICIAN
14 Maiden name	Carrandr	a McHe	nery	Major findings  Df operations		Please underling the cause to whi
E			Md.	Di Operanone		death should be charged statisti-
	2 11					culty.
16 Informant Ch	arles Hz	ruer	. 114	Of autopsy		
Address	En	mitsbu		22 VIOLENCE. If death was d	due to external causes, till in the following	
		Date th	Nov.17,1939	Accident swicide or homicide	Date of	
Bur al	r removal Wile	(AC)	(month   lav) (year	Where did injury occur?	The second secon	(State)
The state of the s	Taithe				(City or town)	
Cometery or crematory		0 113		injured at home, farm, indust	try public place where?	
Location	Keysvill			Means of injury		
At American Street	C.O.FUS	5 & 501			All Mas	che has le
18 Funerel Strector	m-	nout our	n. Vd. 1/1/1	Mark	ellon azon	( 1) or other
Address	Ta	FET COM	CENTRICE BUILDING	26 SIGNATURE	1 Stona un	11.15:3
I NOV 1	6.1929		A	80644	A A LUNG W Z, Date	rike.c
19 Chate rec d by to	igh smit		Registrat			

62980

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	a) State Louis (b) County	
Hospital or institutions  Thus / Toppius Sorp	(C) City or town and city or town limits, write RUR	IAL and give town)
d Length of stay in hospital or inst. (vm. mve. or days) /	(If rural give location	1)
Length of stay in Baltimore (yrs., mos., or days)	If foreign born, how long in U. S. A.?	years
3 on FULL NAME of July Vaines		
3 1/1 W veteran, name war 3 (c) Social Security Acc	29. DATE OF DEATH Wester /5 193	7 at M
4. Sex 5. Color of race 6 (1) Single, married, widowe	ed, or 21. HEREBY CERTIFY, That Itook charge of ther	
he wh divorced pravisol	above, held an Julopsy thereon and for	
6 1 Name of hust of the fauline Saines	obtained by said // find that say	d deceased came
6 9 Walive, give age 60	years (Aut pay or Inquiry)	Canal Canal
7. Birth date of deceased mo., dat. 67.30 / 881	to death on the day stated above.	
8 AGE: Years Months Days If less than one day	y Immediate cause of death	Duration
5 8 6 /6 hr.	min Carinoma 1 Lung	
9. Birthplace S. Carolina	Due to Died dearing operations	n
lown county and state)	Las to regen anesth	e a
10. Usual Occupation tay Collection	Due to	
III. Industry or business		
12 Name William Jaines	Other Conditions	
= 13 Bulliplace South Carolina	threlude pregnancy within amouths of death)	PHYSICIAN
14 Marden Name Emma. book och	Major findings:	Underline the
15 Brobplace South Oarolino	Of operations	death should be
16 (11) Informant Hosp records	Of autopsy	charged stat -
b Address	22, If death was due to external causes, fill in the	
Bureal	6/39. Accident, suicide, or homicide As	
17 Classola Date thereof not (minth) (day)	(b) Date of occurrence	
Cemetery or crematory Sarasotol	(c) Where did injury occur? (City or town) (Co	ounty) (State)
Location Fila.	d Did injury occur about home, on farin, industri	
100 x 2 7 611	Sos . place? (Specify type of place) While at w	ork?
18 (a) Funeral director of the Control of	(e) Means of injury	-
Address /900 Eurow	23. Signature N De aude Try	M.D.
19 10 Register	Date signed 11/16/39	

F 62981	CERTIFICATE OF DE
1. PLACE OF DEATH:	2. USUAL RE
(a) Baltimore City, Maryland	1 Ofice D 1 a State
(b) Street address 9H Vo)	plas Hill Road a State
c Hospital or institution:	(d) City or-
	d Street N
d Length of stay in hospital or in	st. (yrs., mos., or days)
(c) Length of stay in Baltimore (yr	s., mos., or days 25° (c) If foreign
3 (a) FULL NAME	son Goodnow
3 b If veteran, name war	3 c Social Security Account
y in victim, many was	No. 20, DATE OF
4. Sex 5. Color or race 6	a) Single, married, widewed, or 21. I certify t
Male Muto	marid ed deceased
	ligaleth I Boodwood and that I la
6	If alive, give age 78 years Immediate car
7. Birth date of deceased mo, day	1. VI Jan 18 - 1859 arter
8. AGE: Years Months Day	
80 9 -12	hr min. Due to
9. Birthplace, 2000 lelyn	
(10	wn, county, Pid state)
	A of John Hopseins.
11. Industry or business	Other Cond
12. Namolelble 15 1	
13 Birthplace Ma	Major findir
14 Maiden Name: M.	Rivo Y' Of operati
5 15. Birthplace	Moss Of autops
	T boodwow 22. If death
10 0 moralance	Hand & (a) Accider
(b) Address New 6	V 7. A / 0 2 4 (b) Date of
17 a supplied (burial, cremoval)	Date thereof (day) (year) (c) Where
Cemetery or community	osfolk conn (d) Did inju
Location. 4000	retient place?
Location, July 1	Or 10 / 2

V 3	THE STATE OF
OF DEATH 95 Registered No.	
OF DEATH	2981
2. USUAL RESIDENCE OF DECEASED:	
(a) State Mil (b) County	
(d) City or town Poland Pole (if o tilde city or town limits, write RURAL	
	and give town)
d Street No. 911 Popler Hill k	vasl
(c) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	2300
20. DATE OF DEATH / 50 15 1932	The state of the s
21. I certify that death occurred on the date above state	d, that lattend-
ed deceased from assumm 1935, to hor.	39
and that I last saw h an alive on 2 1 19	
Immediate cause of death arterio - selevation he not disease	Duration France
Due to	
Due to	
Other Conditions Cerebral harmonhage with	4 years
Eller hat here pleys and	PHYSICIAN
Major findings:	
Of operations	('rd rline the
	ath should be
Of autopsy	harged at -
22. If death was due to external causes, fill in the fol	
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(c) Where did injury occur?	
(d) Did injury occur about home, on farm, industrial	
while at work	
(Specify type of place)	
(e) Means of injust	1
23. Signature Min I Warn Poware	M. D. /
23. Signature John Tilden Forward Address 12 E. Eager Street Date eign	red Nov. 16,39

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02002	E OF DEATH
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 4940 Bastern Avg.  (c) Hospital or institution:  Bulto. City Hospitals  (d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day  (e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.	
John Negengest	
3 (c) Social Security Account No.  4. Sex 5. Color or race 6 (a) Single, married, widowed, or	MEDIO 20. DATE OF DEATH
Married  6 b Name of husband or wife Barbara 6 c) If alive, give age years  7 Birth date of deceased (mo., day, yr) 5-12-1857  8 AGE: Years Months Days If less than one day  82 6 2 hr min	21. I certify that death occ ed deceased from him and that I last saw him Immediate cause of death Outlines limite.  Due to
9 Birthplace Germany Town, county and state) 10 Usual Occupation none 11 Industry or business	Due to Other Conditions
E 12 Name Unknown 13 Birthplace Germany Unknown 14 Manden Name Unknown	Major findings: Of operations
16 (a) Informant B.C.H. Records  (b) Address	Of autopsy  22. If death was due to a  (a) Accident, suicide or
17 (a) Aurial Date thereof Nov. 17, 1939 (b) Cemetery or crematory Scared Heart Location Perman Hill Rd: 18 (a) Funeral director Location G, Miller	b) Date of occurrence  (c) Where did injury occur about place?  (Specify types)
Address as 64 Jefferson St.	23. Signature

2. USUAL RESIDENCE OF DECEASED:	
Md.	
(b) County	
(c) City or town Balto.  (d) City or town limits, write RURA	L and give town)
1 0	
Start No. 3408 Mt. Pleasant If rural give location)	
(a) If familian have have been in 11 C A >	53 vears
(e) If foreign born, how long in U. S. A.?	vv years
MEDICAL CERTIFICATION	
20. DATE OF DEATH however 14 19 39	. at 9 50 PM
21. I certify that death occurred on the date above state	ed, that lattend-
ed deceased from how. 14 19 39, to have	
and that I last saw is an alive on how. 14 10	39
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Due to	
Due to	
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Oher Conditions	
Ciner Conditions	
(Include pregnancy within I months of death)	PHYSICIAN
Major findings:	Uniderline the
Of operations	attention of he
Of autopey not sume	charged states
Of autopsy and own	sleaths.
22. If death was due to external causes, till in the fo	llowing
(1) Accident, euicide, et homicide	
b) Date of occurrence	
(c) Where chd injury occur?	
(d) Did injury occur about home, on farm, industrial	
place? While at wor	
(See if type of place)	
(c) Means of injury	
23. Signatura growaghelo Ke	-
A HALLE	M. D.

F 62982 Registered No.

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 1. PLACE OF DEATH CITY OF BALTIMORE: (No. 4803 Holder ave of (a) Residence: No. 4803 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, r Divorced (write the word) 4. Color or Bace (or) WIFE of 6. DATE OF BIRTH (month, day, year) Years Months Days If LESS than 1 day, hrs. min. \* Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, sew mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 1º BIRTHPLACE (elty or town) (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) Ilranama lowing: 15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country) Irmany 4 andmann (Address) 4803 Holo 15. BURIAL, CREMATION, OR REMOVAL Thate 700 15. 129 Carmel 24. Alin die 19. INDERTAKER FORM

(If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day, year) attended decensed fro Death is said to have occurred on the date stated above, at 4.55 The principal cause of death and related causes of Date of enset Olaman Endorandelis 5 mm For what disease or injury! Name of operation What test confirmed diagnosis? Was there an automy? 23. If death was due to external causes (violence) fill in also the fol-Accident, sulcide, or homicide? Date of injury .. Where did Injury occur?... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public Manner of injury Nature of injury or in any way related to occupation of deceased?

Registered No.

If U. S. Veteran specify WAR

of foreign birth? ... yra. ... men ... ... da.

(1) death occurred in a hospital or institution, give its NAME instead of street and number.)

Registrar.

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H 1) ( ) ( ) ( ) ( )	ICATE OF DEATH	984
I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	a State and (b) County	
Street address 5 306 Lwynn Oak	and State Charles Charles	
Hospital or institution:	(c) City or town	Pak au
Length of stay in hospital or inst. (yrs., mos., or days)	of rural give location	50
Length of stay in Baltimore yrs., mos., or days 50	(e) If foreign born, how long in U. S. A.?	years
FULL NAME Com E. Llen	- X	
h If veteran, name war 3 c Social Security A	Account MEDICAL CERTIFICATION	~
No.	20. DATE OF DEATH Mor 14 193	9. at 1 PN
5. Color or race 6 (a) Single, married, widoworked. Links of huaband or will be something.		ated; that lattend ev 14 1935
6 c Af alive, give age	years Immediate cause of death	Duration
Birth date of deceased mo, day, yr Let. 13, 18	63	
AGE: Years Months Days If less than one of		22.20
76 2 1 hr.	min. Due to	
Birthplace Fulanti D. Usual Occupation H. W. County, and state)	37 Due to	
1. Industry or business Euro Hon	Other Conditions heuritis	4 yrs
		PHYSICIAN
12. Name James Finnigan	(Include pregnancy within 3 months of death)	
13. Birthplace	Major findings: Of operations	I nderline the
14. Maiden Name Margaret Jacks	V	death hould b
15. Birthplace	Of autopsy	charged statis
A A I A IV.	22. If death was due to external causes, fill in the	
6 a Information John Mc Stant	(a) Accident, suicide, or homicide	
(b) Address 5 3 06 Guern Cal	136 (b) Date of occurrence	
7 (a) Burnil b Date thereof 1/17	(year) (c) Where did injury occur?	
(Burisl cremation, or removing) (month) (day	(City or town)	unty) (State)
(c) Cernetery or crematory	d) Did injury occur about home, on farm, industri-	
Location the tredering	place? While at w	OIK
8 a Funeral director Harry Y. Week	(e) Means of injury	-11
(b) Address 4/6/6 domondo	23. Signature alles Scagn	ell
9 (a)	1725 W. Lombard ST.	igned Mor 16
(Date re d by regi (rug)	strar    Address	

white

march 9, 1872 If less than one day

23 Lowa

divorced.

6 c If alive, give age

10. Usual Occupation Race Horse France

II. Industry or business

12 Name B.m. me Cong

13 Birthplace Indiana 14 Maiden Name - Suran Broads

Indiana 16 a Informant Ruch Mc Coc

Address

17 a Barral Brial, crematical or removals h Date thereof Hor. 17, 1939

Cemetery or crematory Unid Widge Location Calcarille, and.

18 ( Funeral director Toning Tylero (1) Address 5005 Ckg Hall the.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 62985

Registered No.

#### 2. USUAL RESIDENCE OF DECEASED:

(c) City or town Balta Mal

4 Store Ro. Vembreo Pack Frack

If foreign born, how long in U. S. A.?

years

### Such mc Coy

#### MEDICAL CERTIFICATION

19 37, at 6,457 nov 16 20. DATE OF DEATH

21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 1 1939, to Nov 16 1934 and that I last saw have alive on work 19 39.

Immediate cause of death linesura Due to Chronic neplinte Jeneralizedarteriosol Due to Proplate Hy

Other Conditions

in lud pregnan y wit in 3 month of death

Major findings:

Of operations

Ind Ir the nume to which teach about the charged statis-

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Of autopsy

22. If death was due to external causes, fill in the following:

a Accident, suicide, or homicide

1 Date of occurrence

c Where did injury occur?

City or town!

15 0 32 1 2 3

d Did injury occur about home, on farm, industrial place, in public While at work? place? Secif type filmer

Means of injui Fromand Wallenstein

23. Signature

War Ball gent Bate signed har Ky

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F	62986

### CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(1) State M.L. (b) County Balts	
b) Street address	(c) City or town Pleasant Still	
Hospital or institution:	(If outside case town limits, write RURA)	La wn)
University Worktal	di Suret No. Owings Noll	Fale
(d) Length of stay in hospital or inst. (yrs., mos., or days)	1 rural give location	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME John Beck		
3 1) If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	
No. MORE	20. DATE OF DEATH NOV. 16 1939	. At 7 P. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	the second second
male White amored Married	ed decented from april 26 1939, to Nov.	
6 16) Name of bush wife Keoma Marie Beak	and that I last saw h I malive on Nov. 16 19	34
6 (c) If alive, give age years	Immediate cause of death Pulinon ary Edernic	Duration
7. Birth date of deceased (mo., day, yr ) May 16 5 188	Bronchogenia Carinoma	
8 AGE: Years Months Days If less than one day	2 Metustases	
54 6 0 hr min	Due to	
9. Buthplace Owings Mills Md.	<b>;</b>	
	Due to	
10. Usual Occupation Carpenter + Varance	01-0-14	
11 Industry or business Suilding - New bundry	Other Conditions	
= 12. Nome Manuel Beck	(Include programmy within 5 months of death)	PHYSICIAN
= 13 Buthplace Belts, Co. Med.	Major findings:	Underline the
14 Marten Name Garagianna Bowen	Of operations	teath hand lie
14 Maiden Name Grosgiana Bower  15 Buthplace Maryland	Olamopay Nonc.	charged statles ticultus
16 1 InformarMos Parma M. Beck	22, If death was due to external causes, fill in the fol	lowing
16 Address Carrings Malls my	(a) Accident, miesde, or homicide	
17 0 Berial 6 Date thereof How 25 1939	(b) Date of occurrence	
thursal commencer removed (month) (day) (year)	c) Where did injury occur? (Cay of town) (Coun	ty: (State)
( Cemetery or exemutory London Mark	d) Did injury occur about home, on farm, industrial [	
Location Bults med.	place? While at work	?
18 (a) Funeral director William Gool	(Specify type of place)	
1) Address 1217 St. Paul st	23. Signature	
0/1/10/10/10	23. Signature	MUL
the designation of the state of the distance of	Address Vy ; Date sign	red 11/16/57

VS 3

The	F 62987
Every item of information should be carefully supplied. 'write the causes of death clearly and legibly.	1. PLACE OF DEATH:  (a) Baltimore City, I  (b) Street address  (c) Hospital or instit  (d) Length of stay in  (e) Length of stay in  3 (a) FULL NAME  3 (b) If veteran, name  4. Sex  5. Col
m of in	6 b) Name of humbs
Every ite write the	7. Birth date of deces 8. AGE: Years N 5-9
THE UNFADING INK	9. Birthplace Run 10. Usual Occupation 11 Industry or busine 12. Name Run 13. Birthplace 14. Maiden Name 15. Birthplace
specially import	b) Address 3//9  17 Fund (Burial, crematic

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH F 62987

Registered No.

b) Street address c) Hospital or institution:  Church / James Inflammany d) Length of stay in hospital or inst. (yrs., mos., or days) / mos. e) Length of stay in Baltimore (yrs., mos., or days), mos., or days)	a) State. Jud. (b) County Casalyn  (c) City or town Redgely  (tf outside city of tools llinita, write RURAL  (d) Street No.  (If rural give location)  (c) If foreign born, how long in U. S. A.?	and give town)
Mas Maude elemmons    b   If veteran, name war   3 (c) Social Security Account     No MAE   Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Widowed   W	MEDICAL CERTIFICATION  20. DATE OF DEATH Movember 16 19 39.  21. I certify that death occurred on the date above stated ed deceased from Nov 1939, to Nov 19 and that I last saw here alive on Nov 16 19	that lattend-
Birth date of deceased (mo., day, yr.) 26 22 /850  AGE: Years Months Days If less than one day	Immediate cause of death  Casumomatassa	Duration 6 mas
Birthplace Redgely, Carelyn Co. Mrs.  O. Usual Occupation Newscurft  Industry or business Lun hame  12. Name Denzy Mansha  13. Birthplace Language Pa	Due to  Other Conditions  Plant of fernancy within 3 months of death;  Major findings:  Of operations	PHYSICIAN tinterline the trust hould be
14. Maiden Name Cesalyn Stuene 15. Birthplace Taldet Co. Ind 6 (a) Informant mas Carl Bocker (daughter)	0(	death should be charged statis- tically.
b) Address 3/14 Facadell of Ballonas,  7 h Sund b) Date thereof (17/39 (Burist), cremation, or removal)  (c) Cemetery or crematory Magely,  Location assure (3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County  (d) Did injury occur about home, on farm, industrial pl  place? While at work?  (Specify type of place)  (e) Meana of injury  3. Signature Subtile Values.	) iStates

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1. PLACE OF DEATH:

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED:

Registered No.

	re City, iviaryland			(a) State Maryland (b) County	
(b) Street ac	ddress 4940 E	astern Avenue		Bal timo re	
(c) Hospital	or institution			(a) City or town	THE PARTY OF THE PARTY OF
Bal	timore City	Hospitals		itf outside city or lewis limits, write Rt RA	L. and give fown;
(d) Length o	of atay in hospital o	or inst. (yrs., mos., or	days 7 days	distress No. 522 M. Baker Street (If rurat give beation)	
(e) Length o	f stay in Baltimore	(yrs., mos., or days)	40 yrs.	(e) If fareign born, how long in U. S. A.)	years
3 (a) FULL N	John :	Jemes			
3 (b) If veter	ian, name war	4	5-200 E	MEDICAL CERTIFICATION  20. DATE OF DEATH Procedure 10 19 59	at 8th A M
4 Sex M	5 Colored Colored		d, widowed, cr	21. I certify that death occurred on the date above state ed deceased from www. 9 1939, to www.	d, that lattend-
6 1 None	of husband or wife	Annie		and that I last saw how alive on Nov. 16 19	
	CI HUNDRING CI WITC	ti c If alive, give a	ge years	Immediate cause of death	Duration
7. Birth date	of decenned mo.	dav. yr Jan. 1	5. 1865	arterio schentic nephritis with weria	anne.
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**4	10 1	l hr	Total Co.	Due to	
9. Brilly lice	North Ca	arolina	n		
		Town, county, and tak	, 40,	Due to	
H. Industry	or husiness Unes	aployed 16 day	ys - since	Other Conditions glueralyil artisochesis	ulemm
E 12 Name			111		PHYSICIAN
E 13 Burby	Mondi	Carolina		Major finding at	Underline the
ac				Of operations	istrae to which
E 14 Maide		ameh Bamaldaa		4	hard talls
> 15 Birthy	Dring C	orth Carolina		Of autopay not done.	disable.
16 (a) Infor	man! Red	cords		22. If death was due to external causes, tell in the fol	lowing
b Add	ress Baltimor	re City Hospi	tals .	(1) Accident, suicide, or homicide	
17 10 10		b Date thereof		(h) Date of occurrence	
(Buria)	cremation, or remov	all (min)	A) (das y tseur)	(c) Where did injury occur?	ty'i (State)
(c) Ceme		rest tubu	~~	(d) Did injury occur about home, on farm, industrial p	place, in public
Locat	ion wear	trut.	^	place? While at work	)
18 (a) Fune	ral director	00.0.K	noon	(e) Means of injury	
h Aldi	ress 1303 t	restman		23. Signature Priwaghelstein	
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BALTIMORE CITY HEALTH DEPARTMENT F 62989 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: a Baltimore City, Maryland 1400 N. Corolins a State / NO (b) Street address c Hospital for institution: d Length of stay in hospital or inst. (yrs., nios , or days) 1) 100 Length of stay in Baltimore yrs., mos., or days (c) If foreign born, how long in U. S. A.? years 3 a FULL NAME MEDICAL CERTIFICATION 3 ( Social Security Account 3 b If veteran, name war 20. DATE OF DEATH / J J 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated; that lattenddivorced married ed deceased from 1937, to 1937. 6 h Name of husband or willdolphus N. Weaver and that I last saw h alive on N - 1 1 19 39. 6 c Il alive, give age 79 years Duration 7. Birth date of deceased mo., day, yr July 20. If less than one day 8 AGE: Years Months Davs Due to 10. Usual Occupation 11. Industry or business 12. Name storble & Chipperly Major findings: 13 Buthplace Of operations name to which 14 Marden Namatarbara II leath should be harged at a 15. Birthpluce Of autopsy tically. 16 a Informacidotphus N metaver 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide h) Address 43/19 arabia W b Date of occurrence b Date thereof Now 18.193 17 a Burial c) Where did injury occur? (lity or town) (County) Cemetery or crematory Loudon Park (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) 18 a Funeral director M. Mis John e) Means of injury 801 M. Fayelle 23. Signature Milton J. Wilder Address St. Joseph 12/1000 Date signed 11/6 3,

Registrar

₩ 62990

## CERTIFICATE OF DEATH

F 62990

Registered No.

b) Street address 2807 Walbrook Ave.,  C) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland, County  (c) City of town Baltimore (If outside city or town limits, write RURAL and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
FULL NAME William H. Brulle	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Nov. 14, 1939. at p. M
Male White 6 (a) Single, married, widowed, or divorced divorced arried	21. I certify that death occurred on the date above stated; that lattended deceased from CCTT 1939, to 200 14 1931, and that I last saw have alive on 200 13 1939.
Name of last dor wife Rose S. Brulle 6 (c) If alive, give age 6.5 years 7. Birth date of deceased (mo., day, yr.) July 7,1867	Immediate cause of death  Duration
8. AGE: Yeara Months Days If less than one day 72 4 7 hr. min.	Due to arevie Selevois
9. Birthplace Fredericksburg, Va.  10. Usual Occupation Salesman	Due to Shrowing Parenchymotory Other Conditions
11. Industry or business	PHYSICIAN
12. Name Frederick Brulle 13. Birthplace Germany	Major findings:  Of operations
14 Maiden Name Not Known	Of autopsy her tically
15. Birthplace Not Known 16 (a) Informant Mrs. Rose S. Brulle (b) Address 2807 Walbrook Ave.,	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 (a Burial (Burial cremation, creemoval) (b Date thereof Nov. 17,1 (month) (day) tyear)  (c) Cemetery or crematory.	d Did injury occur about home, on farm, industrial place, in public
Location Fredericksburg, Va.  18 (a) Funeral director Art.  (b) Address 715 Light St.,	(c) Means of injury  23. Signature Survey of M. D.  M. D.
1) (a) Lot rug dry to g. rar! Tamering for firstly assiday (i)	Address 2379 Queuch Date signed 1/15/39

F 62991

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
	a State Mil h County	
(b) Street address (c) Hospital or institution:	(If out ide city or town limits, write RURAL a	
st Joseph's Itospital	(If outside city or town limits, write RURAL a	ind give town)
	& Street No. 4721 AMULT	1
d Length of stay in hospital or inst. yrs., mos., or days	(If rural give location)	
(c) Length of stay in Baltimore (yrs., mos., or daya)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME MANUEL MEN	DRAND	
3 (b) If veteran, name war 3 (c) Social Security Account No. 216-03-1586	MEDICAL CERTIFICATION  20. DATE OF DEATH how 1164, 1939.	. 2 30 W
4. Sex 5. Color or race 6 (a) Single married widowed, o		
in hupman divorced harried	21. ITTEREDI CENTIFI, Inacicook charge of the remai	
	above, held an anti-free thereon and from	the evidence
6 (b) Name of husband or wife 7 3 Wry G. IM	obtained by said and for fire find that said de	ceased came
6 of If alive, give age year	(Automy or Ingerry)	
7. Birth date of deceased (mo., day, yr.)	to his death on the day stated above.	
8. AGE: Years Months Days If less than one day	Immediate cause of death	Duration
34 hr. mir	Gractures, multiple, richa,	
	right upper and love	
9 Birthplace (Town, county, and state)	Durin , remulies	
(Town, county, and state)		
10. Usual Occupation AMER	Due to	
11. Industry of business		
= 12 Name . Thenouse	Other Conditions & neumonia	
	entime.	
a 13 Brithplace legiter	(In lude program y within 3 month of death)	PHYSICIAN
# 14 Maiden Name A Constant	Major findings:	Underline the
		name to which
5 15. Buthplace We, CC		har el stats-
16 a Informant of Natural Columnia	01	tically.
M Address 1741 Elberothe St	22. If death was due to external causes, fill in the follo	wing
17 Date thereof (month) (day) (year	1 10 1 19 to 11 19 to	
	Where did inverse occurs) Total & Chicar	4
( ) Cemetery or crematory Mr. Calrey Em	(v.22) Sylf child in Negation	Delining Contractory
Location	Did injury occur about home, on farm, industrial pla	2.7
18 (a) Funeral director M. W. F. G. Whirth Wang	Site place? Guaray While at work?	
To de la constant de	( Nieans of injury	HE HAVE
b) Address 1129 17 Carriere St	23. Signature of a lot a market	M.D.
19 (a)	Made all bases and	
Dier der geraf Registrie	Date signed 1 3 5 1 3 64/13	
18.0		

VF 62991

CERTIFICATE OF DEATH 201 G Registered No.

15 5000	
6299	
1 1 100 10 10	

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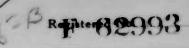
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

~	F	629	92
46-a		red No	

(a) Baltimor	e City, Maryland		2. USUAL RESIDENCE OF DECEASED:	
	4940 100	stern Ave.	(a) State Md. (b) County	
b) Street ad	or institution:		Balto.	
	timore City	Hospitals	If outside city or town limits, write RURAL	and give town
		inst yrs., mos., or days 26 de	d Street No. 1124 Madison Ave. (If rural give location)	
		210		
e Length of	stay in Baltimore	yrs., mos., or days life	(a) If foreign born, how long in U. S. A.?	yea
3 (a) FULL N.	AME Julius	verett		
3 (h) If veter	nn, name wat	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH // -/ 3. 1939	4 P
4. Sex Mele	5. Color or race Colored	6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above states ed deceased from 10-17 1939, to 11-	d, that latten
4. Norman	of husband or wife		and that I last saw be an alive on 11 - 13 19	
o wane (	or remember of wife	6 c If alive, give age years	Immediate cause of death	Duration
7 Fuhdte	of deceased mo.	day. yr 7-17-1880	Carsinoma oldoplana with	2
	eas Months D	1 - 1 1000	Carsinoma octophagus with	•
		26 hr min	Due to	
9 Firthplace	Belto.	Town, county, and state)	Due to	
10. Usual Oc	3	abor		
11 Industry			Other Condition where wearys of	?
E 12 Name	Richard	gverett	anta	PHYSICIAL
Z 13 Birthy		N.G.	Major findings:	Underlinet
~			Of operations Corcurrence vessplagers	came to whi
E 14 Maide	n Name Colis		with instastusia	death should charged mat
E 15 Belly	lace	N.C.	Of autopay	tically.
In a lafor	nent B.C	.H. Hecords	22. If death was due to external causes, fill in the fol	lowin:
/b) Addr			(a) Accident, suicide or homicide	
		11-18-30	(b) Date of occurrence	
17 (a) (Hurlat.	eremetion or remove	16 Date thereof 11-18-39		
	tery or crematory	molalian	d Did injury occur about home, on farm, industrial p	
	ION BUT	China 1	place? While at work	
		Localing Botto	(Specify type of place)	
18 (a) Funer	0 10	1/6/1/201	(e) Means of injury	
(b) Addr	esn 9 6 8 6	ma ory and	23. Signature & Tibe lever of.  Address balto City Hoff. Date sign	M. D
19 (1) + ~	1000	a from the	Address ballo City Hall . Date sign	ed6/-14.
1 1 1	to digital car			

F 62993

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D b Cu Maryland	(a) State (b) County	
Street addiese 505 horth Pine St		
Hospitel or institution	(e) City or town (If out ide city or town limits, write RURA	AL and give town)
	1 Street No. 505 h Pine St	
Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years .
FULL NAME RICHARD J. RICI	TARDOOM	
3 h If veteran, name war 3 (c) Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH hovember 14 4 1939	, at 5 M
4. Sex 5. Color or race 6 (4) Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the re	mains described
In Colored divorced married	above held an autofor thereon and from	om the evidence
	obtained by said anti-fry find that said	
6 (b) Name of husband or wife fena	(Autopsy or Inquiry)	accus in cum
-05	to less death on the day stated above.	
7 Birth date of deceased mo, day, yr	Immediate cause of death	Duration
AGE Years Months Days If less than one day	Hisperlemone heart leskour	
44 hr min		_
9 Birthplace Kinston Mr. C	Due to distance revocas	
	general.	1
10. Unual Occupation Jahren	Due to	
11 Industry or business		
11 Industry or business		
11. Industry or business.	Other Conditions	PHYSICIAN
11. Industry or business  12. Name Hathan Richardson.  13. Birthplace Sinston N. C.	Other Conditions  (Include preenancy within I menths of death)	
12 Name Hathan Richardson.  13 Birthplace Sinston N. C.	Other Conditions  (Include pregnancy within I months of death)  Major findings:	Underline the
12. Name Hathan Richardson.  12. Name Hathan Richardson.  13. Birthplace Sinston M. C.  14. Maiden Name Catherine  15. Burshplace Kinston M. C.	Other Conditions  (Include precnancy within I menths of death)  Major findings:  Of operations	Underline the eau to which death should be
12 Name Hathan Richardson.  12 Name Hathan Richardson.  13 Birthplace Sinston M. C.  14 Maiden Name Catherine  15 Burbplace Kington M. C.	Other Conditions  (Include precnancy within I menths of death)  Major findings:  Of operations	Underline the
11. Industry or business  12. Name Hathan Richardson.  13. Birthplace Sinston N. C.  14. Maiden Name Catherine  15. Birthplace Sinston N. C.  16. C. Differman Sina Richardson	Other Conditions  (Include pregnancy within I menths of death)  Major findings: Of operations  Of autopsy	Underline the cause to which death should be charged statis- tically
12. Name Hathan Richardson.  12. Name Hathan Richardson.  13. Birthplace Sinston M. C.  14. Maiden Name Catherine  15. Burkplace Kinston M. C.	Other Conditions  (Include pregnancy within a months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the	Underline the cause to which death should be charged statis- tically
12. Name Hathan Richardson.  12. Name Hathan Richardson.  13. Birthplace Sinston 7. C.  14. Maiden Name Catherine  15. Birthplace Kington N. C.  16. (a) InfermanGena Richardson  16. Address 505 7 Clink St.	Other Conditions  (Include pregnancy within a months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the	Underline the cause to which death should be charged statis- tically
11. Industry or business  12. Name Hathan Richardson.  13. Birthplace Sinston N. C.  14. Maiden Name Catherine  15. Birthplace Sinston N. C.  16. (a) Informac Sina Richardson  16. (b) Address 505 7 Pint St.	Other Conditions  (include pregnancy within I menths of death) Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the Accident, suicide, or homicide  (b) Date of occurrence	Underline the cause to which death should be charged statistically following:
12. Name Hathan Richardson.  13. Burhplace Sinston  14. Maiden Name atherine  15. Burhplace Kinston  16. (a) Information or removal  17. (a) Buriel cremation or removal  (c) Cemetery or crematory  (day) (year	Other Conditions  (Include pregnancy within I mouth of death) Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur) (City or town) (Co	Underline the cause to which death should be charged statistically following:
12. Name Hathan Richardson.  13. Birthplace Sinston 7. C.  14. Maiden Name atherine  15. Birthplace Sinston N. C.  16 (a) Informantian Gina Richardson  16 (a) Informantian or removal  17 (a) Burnel or crematory  (c) Cemetery or crematory  Location  18. Carolina  Car	Other Conditions  (Include pregnancy within a months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  Accident, suicide, or homicide  (b) Date of occurrence (c) Where did injury occur? (City or tewn) (Conditional Conditional Conditiona	Underline the cause to which death should be charged statistically.  following:  unty) (State) al place, in public
12. Name Mathan Richardson.  13. Birthplace Sinston M. C.  14. Maiden Name Catherine  15. Birthplace Sinston M. C.  16. (a) Informac Sins Sichardson  16. (b) Address 505 M. Date thereoff  (mouth) (day) (year  (c) Cemetery or crematory  Location	Other Conditions  (Include pregnancy within I mouth of death) Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur) (City or town) (Co	Underline the cause to which death should be charged statistically.  following:  unty) (State) al place, in public
12. Name Mathan Richardson.  13. Birthplace Sinston M. C.  14. Maiden Name Catherine  15. Birthplace Sinston M. C.  16. (a) Information General Sins Sichardson  16. (a) Information or removal.  17. (a) Survival or removal.  (c) Cemetery or crematory  Location Matha Rawling  18. (a) Funeral director.  18. (a) Funeral director.	Other Conditions  (include pregnancy within a months of death) Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or tewn) (Condition of the place)  (Specify type of place)  (Means of injury	Underline the cause to which death should be charged statistically.  following:  unty) (State) al place, in public ork)
12. Name Hathan Richardson.  13. Birthplace Sinston  14. Maiden Name atherine  15. Birthplace Kington  16. (a) Information Gina Richardson  16. (a) Information or removal  17. (a) Buriel remation or removal  (c) Cemetery or crematory  (c) Cemetery or crematory  (c) Canada.	Other Conditions  (Include pregnancy within a months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (Cold Did injury occur about home, on farm, industric place)  (Specify type of place)	Underline the cause to which death should be charged statistically.  following:  unty) (State) al place, in public ork)

COOM HEALTH	DEPARTMEN	T-CITY OF BALTIN	ORE 62994
02004	CERTIFICAT	TE OF DEATH 92	W
1. PLACE OF DEATH CITY OF BALTIMORE: (No.		Road, sioland Rank	Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2. FULL NAME	John Selby Sper	100	f U.S. Veteran pecify WAR
(a) Residence: No(Unus	4601 Schenley F		nt give city or town and State)
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3 SFX 4. Color or Race	5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, ye 22, I HEREHY CERTIFY, TI	hat I attended described from
HISBAND of Kati	March 30 1860	I last saw histonalive on // to have occurred on the date stated above	14-1239 Donth to said
6. DATE OF BIRTH (month, day, year) 7. AGE Years Months 7. (7)	Days If LESS than I day. hre.	The principal cause of death and related of importance were an follows:	Date of erest
2	11. Total time (years) spent in this occupation	Chr. Hugocard Chr. Hudoca	
17. HERTHELACE (city or town) (State or country)	Cambridge Maryland	Was an operation performed	Itate of
13. NAME John S.  16. HIRTHPLACE (city or town)  (State or country)	Maryland	23. If death was due to external cause	con there an autopey? Me in (violence) fill in also the fol-
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?	city or town, county, and State)
In Interment Miss Thelm	ley Road	place	
Place Cathedral Cent	Un ment 1 20 139	Nature of Injury  24. Was disease or injury in any way	related to occupation of deceased?
Address Sos M. J-	Coloes St.	(Signed) 2802	Salford ais

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LU	portant. Physicians: please write the causes of death clearly and legibly.
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1	orrect age is especia
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(a) Baltimore City, Maryland

1. PLACE OF DEATH:

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered No.

The state of the s	
2. USUAL RESIDENCE OF DECEASED:	
(a) State Md. (b) County	
Dallimana	
(c) City or town Daltimore (If outside city or town limits, write RU)	AAL and give town
(d) Sucht No. 3201 W. Rogers Ave.	
(8) Street No.	n)
(e) If foreign born, how long in U. S. A.?	year
MEDICAL CERTIFICATION	0 A-A5D
20. DATE OF DEATH Nov. 16th 1935	, at 4:45P N
Due to market of Marine	Deration 4 2 /2 /
Due to	
Other Conditions	
	PHYSICIAN
(Include pregnancy within 3 months of death)	
	Underline th
(Include pregnancy within 3 months of death)  Major findings:	Underline the cause to which death should be
(Include pregnancy within 3 months of death)  Major findings:	Underline the cause to which death should be
(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the cause to which death should be charged statistically.
tinclude pregnancy within 3 months of death:  Major findings:  Of operations  Of autopsy	Underline the cause to which death should be charged statistically.
Of autopsy  22. If death was due to external causes, fill in the	Underline the cause to which death should be charged statistically.
Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?	Underline the cause to which death should be charged statistically.
Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	Underline the cause to which death should be charged statifically.  following:
Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Co.  (d) Did injury occur about home, on farm, industri	Underline the cause to which death should be charged statistically.  following:
(Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (Co. (d) Did injury occur about home, on farm, industri	Underline the cause to which death should be charged statistically.  following:
Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Co.  (d) Did injury occur about home, on farm, industriplace?  While at w	following:  ounty) (State) al place, in publi
(Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Coty or town)  (Specify type of place)	Underline the cause to which death should be charged statistically.  following:

(b) Address North & Pennsylvania Aves

Miller Wa, M.

(Date rec'd by registrar)



### F 62996

### CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	a State . h County	
(b) Street address 1829 W. North Avenue.	(c) City or town Baltimore	
(c) Hospital or institution:	of City or town Ball Simol by the Richard Rich	g ve t wn i
15	d Street No. 1829 W. North Avenue.	
d) Length of stay in hospital or inst. (yrs., mos., or days)	If rural time location i	
(e) Length of stay in Baltimore (yrs., mos., or days) 71-4-17	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULI. NAME		
3 b) If veteran, name war 3 c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH November 15th 1939 . at 4	1.30 n M
4. Sex 5. Color or race 6 (a) Single, mairied, widowed, or	21. I certify that deathsoccurred on the date above stated; that	
Penale White divorced. Married	ed deceased from June 1939, to hovis	
6 (b) Name of husband or wife illiam C. Henkel	and that I last saw I of alive on Not 15 1939	1.
6 (c) If alive, give age 70 years	Immediate cause of death	Duration
7. Birth date of deceased mo, day, yr June 28th 1868	Due to Hypertension . Pryseculates	day.
8 AGE: Years Months Days If less than one day	- True levera horastitis	2
71 4 17 hr. min.	Laurelan Februarian	•
9. Birthplace Balti ore, Md.	Due to Diabetes	?
10. Usual Occupation Housewife		
11. Industry or business Home	Other Conditions	
12 Name August Scherer	Include pregnant within 3 months of death)	HYSICIAN
13 Buthplace Faltimore Md.	Mujor findings:	derlas the
4	O. Operations	e to which
14. Maiden Name Sophia Reuhling	Of autopsy ties	rged a ation
* 15. Birthplace Baltimore, Md.	22. If death was due to external causes, fill in the followin	
16 (a) Informant Mr. William G. Henkel	(a) Accident, suicide, or homicide	
(b) Address 1829 W. North Avenue.	(b) Date of occurrence	
17 a Burial cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	(State)
(c) Cemetery or crematory Western	(d) Did injury occur about home, on farm, industrial place,	
Location Baltimore, Md.	place? While at work?	
18 (a) Funeral director Wm. J. Tickner L Sons.	(Specify type of place)  (e) Means of injury	
(b) Address North & Penna Aves.	23. Signature / dry estiman	
19 61/ 1 Compared by a for Pollingua, My	23. Signature Farry estiman Address 1921 W. World we Date signed	17/6,8

NLY, WIT	H L'NEADIN	SG INK.	Every it	tem of	Qu 1	bluods no	be o	arefully supplie	supplied.	Che.
DOLLAND	I hvricians	: please write	write the	e the causes of	s of death	clearly a	nd lexi	bly.		1

2000	✓F 62997	
	ATE OF DEATH 720 Registered No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	L a State and b County	
(b) Street address 23 N. Potomae S	1. At of	
c Hospital or institution:	(c) City or town Dallmore (If outside city or town limits, write RURAL and gir	ve towr
	to all Street No. 23 M. Potomac	4
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
3 (a) FULL NAME Donald E. F.	racalossi	
3 b) If veteran, name war 3 (c) Social Security Accounts	medical certification	
	20. DATE OF DEATH NOV- 16 1939, at /-	15A :
4. Sex 10 5. Color or race 6 (a) Single, married, widowed, divorced.	21. I certify that death, occurred on the date above stated; that i	attend
more while will child	_ ed deceased from Sept 5 1989 . to Nov/6-	1935
6 b Name of husband or wife	and that I last saw him alive on nov 10 1937.	
6 (c) It alive, give age ye	are Immediate cause of death , , , , , , , Du	ration
7. Birth date of deceased mo., day, yr. Aug 25,193	3 Genle Lymphatic Lenhemia 2 m	wall
8. AGE: Years   Months Days   If Gss than one day   hr. m	Due to	
9. Birthplace Baltimore (Town, county, and state)	Due to	
10. Usual Occupation	John Continue Edema of Luncis 10	Cin
11. Industry or business	Other Conditions October 5	uy
12. Name Dominie Fracoloss	(Include pregnancy within 3 months of death)	SICIAN
13. Birthplace New Gersey.	Marine Con Almana	erline ti
		to whi
14. Maiden Name	harge	ed slat
15. Birthplace Italy	Of autopsy tirally	
16 (a) Informant Mr. Downing Fracal		:
16) Address 23, Tr. Voloma e	(a) Accident, suicide, or homicide	
17 (a) Burish (b) Date thereof Nov 18,1	909 (b) Date of occurrence	
(Burial, cremation, or removal) (month) (day raye		(State)
(c) Cemetery or crematory, Adely Realimn	(d) Did injury occur about home, on farm, industrial place, in	n pub
Location Harfura Kora	place? While at work? (Specify type of place)	
18 (a) Funeral director & Water may		
1.19 01 . 15 6. 17 . 18	(e) Means of injury & Gill Hall  23. Signature & Gill Hall	
(b) Address 6/9 YC: Doublin ST	127.01211111111	
b) Address 017 (Chantendar Landallity 111)	Address 1 931 & north a Date signed hu	1. D.

F	C	29	10	Q
1	4)	~	1.)	1

## CERTIFICATE OF DEATH

F	6	29	35	18	
Register				, ,	

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
	a) State M. A (b) County	
b) Street address 2710 Doarman WE.	On Oth .	
C Hospital or institution:	City or town	L and give town)
13	- 1 min 2710 Swarman	ave
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
Length of stay in Baltimore yrs, mos., or days	(e) If foreign born, how long in U. S. A.? 5 2	years
(a) FULL NAME () 4 A C () 4		
yak Con	MEDICAL CERTIFICATION	34
3 (c) Social Security Account No.	20. DATE OF DEATH W. 16 193	
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	ted, that lattend-
Female White differed Widowid	all deceased from Sept. 18,1930. to be	1. 21,193/
6 (b) Name of husband or wife Howy Ely	and that I last saw her alive on Nov. 16, 1	9 7 7 1
6 c If alive, give age vears	Immediate cause of death	Duration Clark
7. Birth date of deceased mo., day, yr	Coronary or enem	2 4.5
8 AGE: Years Months Days If less than one day	4 . 1 +	- chapter.
hr min.	Due to Diahetts appening	- "
Tunas.	Due to Hypertension.	-
9. Buthplace (Town, county, and state)	Due to July	
10. Usual Occupation		
11. Industry of husiness	Other Conditions	PHYSICIAN
# 12. Name Day. Work	cliclude pregnancy within month of death)	
E 13 Buthplace O Russia	Major findings:	Und rine the
	Of operations	Jesth build be
14. Maiden Name	Of autopsy	harged at s-
15. Birthplace	22. If death was due to external causes, fill in the	
16 (a) Informant JACK Lawy	(a) Accident, suicide, or homicide	
16) Adgess 431 8. Ouls pt	(b) Date of occurrence	
17 (a) Survival (b) ate thereof	Where did injury occur?	mank many
(Rerial, cremation, or removal)	(d) Did injury occur about home, on farm, industria	al place, in public
(c) Cemetery or Compatery	while at w	ork?
Location	place? (Specify type of place)	
18 (a) Funeral director	(c) Means of injury	int mis
(b) Address	23. Signature Mathautt Ship	/ M. D.
19 Wes in my array Duntington Hill of the	Address 235/ Entart 17. Date s	
Untered by territary	Howard , twoeders m	. 5
VS 3	by wines Examin	-

VS &

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

F 62999 Registered No.

(a) State Maryland (b) County Allegan	у
C City or town Cumberland	
(If outside city or town limits, write RURA	L and give town;
Street No. 841 Braddock Road	
(If rural give location)	
e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	
o. DATE OF DEATH November 17 19 39	6:45A.M
the state of the residual state of the resid	
Compound comminuted fracture	Duration
of skull.	
Tractured ribs	
Fractured leg.	
rue to	
Other Conditions	
Mental Depression	PHYSICIAN
(Include pregnancy within 3 months of death)	FILISICIAN
Major findings:	Underline th
Of operations	death shuld be
Oleman	harpet statis
Of nutopsy	tically.
2. If death was due to external causes, fill in the formation Accident, suicide, or homicide. Suicide	garwollo
The state of the s	
b) Date of occurrence November 17, 193	y w Ma
c) Where did injury occur? Baltimore Cit;	y, mu.
d Did injury occur about home, on farm, industrial	
place Mercy Hospital While at wor	
· Comment of the comm	
Means of intersy Jumped from 4th fl. hospital to pavement.  3. Signature 11/12/79 Medical Examina	M.D
Date signed 11/17/39 Medical Examine	r



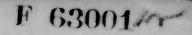
F 63000

Registered No.....

	2. USUAL RESIDENCE OF DECEASED	20
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State M. (b) County County	e-
	(c) City or town Westminister	
(b) Street address. (c) Hospital or institution:	(c) City or town limits, write Rt RA	1, and give lown 1
Mary land General Hosp	(d) Speci No. 270 8. Main S. (If furni give location)	1.
The state of the state of days of days	(lf ural give location)	
(d) Length of stay in hospital or inst. (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yra., mos., or days) The days		./
3 (a) FULL NAME Manuse F. Leese		
	MEDICAL CERTIFICATION	49
3 (b) If veteran, name war No. 217-07-3467	20. DATE OF DEATH //-/7- 39 19	. at 8 /A M
6 (a) Single married, widowed, or	at 1 death occurred on the date above stat	ted; that lattend-
divorced.	ad deceased from 10-22-39 19 , 10/1-4	19 7.
mac or	and that I last saw he alive on 11-17	9 27.
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death	Duration
A. I 1018	Fract (comp). lystilia	70.20
8. AGE: Years Months Days If less than one day		11-11-39
8. AGE: 1 ears 100 hr. min.	Due to Tetanus	
9. Birthplace Westminister, mo	Due to Lewer Suchness	11-11-3
9. Birthplace (Town county, and state)	Due to Due	
10. Usual Occupation Seeles	Other Conditions Mysesudual Callop	· 11.16.39
11 la dustry of business		PHYSICIAN
12 Name Robert W. feese,	cinclude pregnancy within 3 months of death)	Underline the
13. Birthplace Westministel, med	Major findings: Of operations	cause to which
14. Maiden Name Hilda Ying ling	Of operations	death should be
14. Maiden Name Wellan	Of autopsy	tically.
15. Birthplace Westminister, MS		following:
16 a Informant Robert 1. select	A soident enicide or homicide	dens
(b) Address of extrainater mg	10-22-	
17 6 Burial (b) Date thereof 1	William did injury occur?	ounty) (State)
(Burial, cremation, or removal) (month) (day) (sea	(d) Did injury occur about home, on farm, industri	ial place, in public
(c) Cemetery or crematory	While at w	rork?
Location Page C	(Specify type of plane)	aball
18 (a) Funeral director francis	(e) Means of injury	heed
(b) Address Westminster Hill	23. Signature	M. D.
10 (a) 1 1 11 11 1 (b) A Revisitar	Address Marken Koy Bate	signed // -//
(Date red d by registrar)	Howard . Woldedo M.	D. 164

F	6300

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered No.

I PLACE OF DEATH.	a Hellat Breinruce or Decraege
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address 4940 Lastern Ave.	(a) State L.d. (b) County
	Tolto
(c) Hospital or institution:	(c) City or town Balto. (If outside city or fown limits, write RURAL and give town)
Balto. City Hospitals	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20	2 da W. Street No. 113 W. 22nd St.
(c) Length of stay in Baltimore (yrs., mos., or days) 26 yr.	8. (c) If foreign born, how long in U. S. A.)
3 (a) FULL NAME	(44257)
3 (b) If veteran, name war 3 (c) Social Security Acc	ount MEDICAL CERTIFICATION
No.	20. DATE OF DEATH November 16, 1939 at11:55 Am
4. Sex 5. Color or race 6 (a) Single, married, widowe	
Female Colored divorced. Separated	41. I centify that death occurred on the date above stated, that lattend-
	ed deceased from April 28, 19 39, to Nov. 16, 19 39
6 (b) Name of husband or wife Arthur	and that I last oaw her alive on NOV. 16, 19 39.
	Jensediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) May 12, 189	
8. AGE: Years Months Days If less than one day	Tuberculous of lunge Fet
47 6 4 hr.	min. Due to 1439
9. Birthplace Va .	
(lown, county, and state)	Due to
10. Usual Occupation H.W.	
11. Industry or hasiness	Other Conditions
2 12. Name Joe Jackson	PHYSICIAN
	Major findings
13 Birthplace Va.	Of operations Cause to which
14. Maiden Name Lanie Louston	South hould be
15. Buthplace	Of autopsy to the tically
War I A 2 December	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
(b) Address	
17 (a) Brown (b) Date thereof 11/18,	37
(Burial cremation, or removal) (month) (day)/(	year) (c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location westport	place? While at work?
18 (a) Funeral director Tombo, 5, The Control	(Specify type of place)
(b) Address 1303 Fu trans	(e) Means of injury
	23. Signature  Address Balto. City HospitalsDate signed11-16-39
	Address Balto. (My HospitalsDate signed11-16-39

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PLEASE	correct a

3 (a) FULL NAME

4. Sex

M

8. AGE:

76

9. Birthplace

(c) Hospital or institution:

3 (b) If veteran, name war

6 b Name of husband or wife

Years

10. Usual Occupation 11. Industry or business

12. Name

13 Birthplace

15. Birthplace

(b) Address

14. Maiden Name

16 (a) Informant Records

(Burial, cremation, or removal)

(c) Cemetery or crematory

18 (a) Funeral director (b) Address

VS 8

BaltimoreCity Hospitals

5. Color or race

White

Months

6

Baltimore

Henry Krick

7. Birth date of deceased (mo, day, yr.)

d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs

Days

Germany

Caroline Finck

Germany

Baltimore City Hospitals

b Date thereof

tmonth; (day) tyear

No.

divorced. Single

6 (c) If alive, give age

(Town, county, and state)

Leborer

(e) Length of stay in Baltimore (yra., mos., or days) Life

John Krick

F 63002 BALTIMORE CERTIFIC	ICATE OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
b) Street address 4940 Eastern Avenue	(c) City or town Baltimore

yeara

3 (c) Social Security Account

6 (a) Single, married, widowed, or

4/20/1863 If less than one day

If rural give location.  If foreign born, how long in U. S. A.?	year
MEDICAL CERTIFICATION	. 10
1. I certify that death occurred on the date above sta	7 . at 8 - A1
nd that I last saw h we alive on now. 8  mediate cause of death  Hy Multimore cardinage has disease	19 39
Due to	
Due to	
Other Conditions	
	PHYSICIA
(Include pregnancy within 3 months of death)  Major findings:	Underline
Of operations	cause to wh
Of meners not dine	charged sta
Of autopsy  22. If death was due to external causes, fill in the	
22. If death was due to external causes, in (a) Accident, suicide, or homicide	
(a) Accident, suicide, of nonness. (b) Date of occurrence	
	ounts i 19tate
(d) Did injury occur about home, on farm, industr	ial place, in pul
(d) Did injury occur about nome	vork?
(d) Did injury occur about nome, on tarm, modeli	vork?

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MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Every item of information should be carefully supplied. The
*.	WITH

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F G8003 Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address	2. USUAL RESIDENCE OF DECEASED:  (a) State M.A. (b) County  (c) City of town Balliman  (If outside city or town limits, write RURAL and give town)  (3) Street No. / H. D. & W. Mulliarry LA	
(c) Hospital or institution:		
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 das	(e) If foreign born, how long in U. S. A.? years	
3 (a) FULL NAME We made Costin		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH // - /5 - 1935, at 7 a. M	
1. Sex   5. Color or race 6 (a) Single, married, widowed, or divorced. Widowed.	21. I certify that death occurred on the date above stated; that I attended deceased from Gel lelle 19.39, to how 15 19 3 9 and that I last saw home alive on how 15 19 3 9.	
6 (b) Name of husband or wife 6 (c) If alive, give age vents	Immediate cause of death Laiture Duration	
7. Birth date of deceased (mo., day, yr.)		
8. AGE: Years Months Days If less than one day  7+ - hr. min.	Due to amyloid heart die. ?	
9. Birthplace Vorg (Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions Paraplegia ?10 wh	
11. Industry or business  12. Name Jacob Costum	(Include pregnancy within 8 months of death)  PHYSICIAN	
13. Birthplace Firassia	Major findings: Underline the	
14. Maiden Name Diana Amillo	Of operations  eause to which death should be charged statistically.	
15. Birthplace	22. If death was due to external causes, fill in the following	
(b) Address NORMS HOPKINS HOSPITAL	(a) Accident, suicide, or homicide	
17 (a) Date thereof W. 11-31	(b) Date of occurrence	
(c) Cemetery or crematory (c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public	
Location	place? While at work?	
18 (a) Funeral director 10 . Water N deligner	(e) Means of injury	
(b) Address 323 (b) and the tor Williams M. Registrar	23. Signature Douglass D. Park.  Address Johns Haplins Work: Date signed 11/16/39.	

VS 6

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: . - 1. PLACE OF DEATH

Registered No.

Baltimore City, Maryland	41 24	g State h County	
M Street address 2/3 Cag	with the	e Cay or town	
C Hospital or institution		(If outside city of fown limits, write RURA	L and give town)
		d Street No.	
d) length of stay in hospital or in	st. yrs., mos., or days	(Frural give location)	
(e) Length of stay in Baltimore (ye	rs, mos, or days	e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME WILL	LIAM WAL	KER	
3 h If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	. 30
	No.	20. DATE OF DEATH hovember 14 1939	, at / p. M
	a) Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the res	mains described
male Colored d	worked wishwown	above, held an Que to bay thereon and fro	m the evidence
		obtained by said Acade bear find that said	decenned came
6 h Name of husband or wife	c) If alive, give age years	Ohtained by said (Autopy or Inquery)	Gecensell Carrie
	169	to hes death on the day stated above	
7 Birth date of deceased mo, da		Immediate cause of death	Duration
8 AGE: Years Months Day		Pystonephritis, chimic	
80	hr. min		-
9. Birhplace	- 1	Dieto Aughert ophy or the	1
To Special Control of the Control of	own, out to and state	. 0.	1141
10, Usual Occupation	- U	Due to	000
11 Industry or business			
± 12 Name		Other Conditions	
2 13 Blithplace		and the second second	PHYSICIAN
or Interpret	2	(Include) remains with a month of death) Major findings:	Underline the
# 14 Maiden Name	2	Of operations	cause to which
\$ 15. Birthplace			de the heald be
		Of autopsy	tically
16 Informan	• )	2) if death was due to external causes, fill in the f	ollowing
Address	1 16 102	9 Date of occurrence	
17 (a)	Date thereof W 10 1 P	Date of occurrence	
(Burial, eremation, or removal)	1 7 1	Where did injury occur?	1000
(e) Cemetery or crematory	of Man	Did injury occur about home, on larm, industria	
Location	1 D. C		
18 Funeral director mo	aty R. Williams	iSpecify upperfulare)	
(b) Address 322 N. L	Chrocker St	1 4 1	140
(b) Address Out /1-/	The second second	23. Signature H J Walkanie Medical Examin	M.D.
19 Buth praise	" have " have	Date signed Nov . 151, 1931	
India Tilliana	A		

I PLACE OF				
(a) Baltimore	City, Maryla	ind		Pl.
(b) Street add	ress 10,	2 200	aw 1	cacc
Tronger	or institution:	Sat lid	1 4	Lab
d Length of	etay in hospi	tal or inst. y	rs, mos, or	days
(e) Length of	stay in Baltin	note vis, me	os., or days	1 July
3 (a) FULL NA	ME ,	Then 1	Lichs	1 non
3 (b) II vetera	-		r Social Se	
			219-0	
4. Sex	5. Color or i	race 6 (a) S	ingle, parrie	d, widowed,
Fi	wh	t divorce	mar	ned
2 (1) 11				
6 b Name o	t husband of		alive, give a	ge ye
2 0	7.1 17	-		
7. Birth date of				an one day
8. AGE: Ye	ars Months	Days	IT IESS TO	an one day
2!	10	13	hr	- n
9. Birthplace		w		
	1	Vartreso	i ty and stat	r)
10. Usual Occ	upation /	meriso		- 0
11 Industry o	husiness	, 0		
	101.1	-		
# 12 Name	com	rel	tem	son
12 Name		Let go	Lem	son
Z 13 Buthp	lace 0	V.	<b>L</b>	
Z 13 Buthp	lace 0	ary Mi	inleth	andres
Z 13 Buthp	lace 0	V.	inleth	andres
<ul> <li>         ■ 13 Buthp</li> <li>         ■ 14 Marder</li> <li>         ■ 15 Birthp</li> </ul>	Name hu	my Mass	zuleth nington	andres 5.0
13 Buthp	Name Ince	my lli	zeleth nigton Bes	andre 5.0
13 Birthp 14 Maider 15 Birthp 16 Inform 16 Addin	Name Ince	may lli Nash nany K	inleth ington Tea th Bo	Andrew 5. Con Pera
13 Buthp	n Name Ince	may lli Wash	zeleth nigton Bes	Andres 5. Con Pera V. 18-19
13 Birthp  14 Maider  15 Birthp  16 Infers  17 Addin	Name Indiana Indiana 207	may lli Nash nany K	inleth ington Tea th Bo	Andrew 5. Con Pera
13 Birthp 14 Maider 15 Birthp 16 Inform 16 Addin	Name Indiana Indiana 207	may lli Wash	inleth ington Tea th Bo	Andres 5. Con Pera V. 18-19
13 Birthp  14 Maider  15 Birthp  16 Infers  17 Addin	n Name hu	may lli Wash	inleth ington Tea th Bo	Andres 5. Con Pera V. 18-19
13 Birthp  14 Maider  15 Birthp  16 Inform  Addir  17 Addir  Cemet	n Name hu	may lli Wash	inleth ington Tea th Bo	Andres 5. Con Pera V. 18-19
13 Buthp 14 Maider 15 Birthp 16 Inform Addir 17 Addir 18 Funer	n Name Ince	may lli Wash	inleth ington Tea th Bo	Andres 5. Con Pera V. 18-19
13 Birthp 14 Maider 15 Birthp 16 Inform 1 Addit 17 Addit 17 Cemel	n Name Ince	may lli Wash	inleth ington Tea th Bo	Andres 5. Con Pera V. 18-19
13 Buthp 14 Maider 15 Birthp 16 Inform Addir 17 Addir 18 Funer	n Name Ince	may lli Wash	inleth ington Tea th Bo	Andres 5. Con Pera V. 18-19

2. USUAL RESIDENCE OF DECEASED:	
a State Med 1 County	
City or town Sellewan If out ide city or town limits write RURA	L and give town)
Id Sure No. 16 25 Eutew (If rural give location)	Place
If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	9 P. W.
20. DATE OF DEATH Koverben 15 1939	, at M
21. IHEREBY CERTIFY, That Itook charge of the re	
above, held an Lut psy thereon and fro	om the evidence
obtained by said find that said	deceased came
to her death on the day stated above.	
	<b>D</b>
Immediate cause of death	Duration
Throwing alcoholism	
Due to afally Lame	
Due jour Gamentiles	
Other Conditions	
SAW VICTOR OF TOAL	PHYSICIAN
(Include pregnancy within 3 in orthoof death) Major findings	All to Handley Abo
Of operations	t nderline the
	death should be
Of autopsy	charge l statis-
22. If death was due to external causes, fill in the f	ollowing
a Accident, suicide, or homicide	
(b) Date of occurrence	
Where did mury occur)	
(City or rown) (Cou	
place? While at wo	rk)
(e) Means of injury	0-
23. Signature / 12 aud Jug	M.D.
Date signed 11/10/09	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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AINTY, WITH INFADING INK EN	t. Physicians: please
MAINTY, WITH INFADING INK EN	t. Physicians: please
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FILMETT', WITH	t. Physicians: please
WRITE, PLAINLY, WITH UNFADING INK Eve	t. Physicians: please

VS 6

F 63006  BALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT ROTE 63006
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address (c) Hespital or institution:  (d) Length of stay in hospital or inst. (yra., mos., or days) / Lay  (e) Length of stay in Baltimore (yra., mos., or days) / Lay	2. USUAL RESIDENCE OF DECEASED:  (a) State Med (b) County Armadale  (c) State Med (c) County Armadale  (c) Street No. (If outside city or town limits, write RURAL and give town)  (d) Street No. (If rural give location)  (e) If foreign born, how long in U. S. A.? years
• FIRE MAME	
3 b If veteran, name war  3 b Social Security Account No.  4. Sex 5 Color or race 6 a Single, married, widowed, or divorced  6 b Name of husband or wite   6 c If alive, give age 31 years	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. IHEREBY CERTIFY, That Itook charge of the remains described above, held an analysis of the remains described above.
7. Birth date of deceased mo. day, yr. hor, 16-1939 8. AGE: Years Months Days If less than one day 5 hr. 15 min 9. Birthplace Backenson Months Clewn, county, and tate) 10. Usual Occupition 11. Industry or business  2. 12. Name Mushal Surato	Due to  Other Conditions
13. Birthplace Brooklyn n. y.  14. Maiden Name Pramie Bubris  15. Birthplace  16 (a) Informati Pramie Gubris Surata	Chelude pregnancy within 3 months of death:  Major findings: Of operations  Of autopsy  PHYSICIAN  Underline the cause to which death should be charged statistically.
Date thereof (month) (day) (year)  (Cemetery or crematory Location  18 (a) Funeral director  (b) Address  19 (a) Fater of by registrar.  (b) Registrar	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (County)  (State)  (d) Did injury occur about home, on farm, industrial place, in public  While at work?  (e) Means of injury  (f) Means of injury  (f) Means of injury  (g) Means of injury  (h) Medical Examiner  M.D.  Medical Examiner

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The The	

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VS 3

## CERTIFICATE OF DEATH

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Registered NG3007

	And the second s
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address Failette + Calhons St	a State Ma. (b) County
(b) Street address & all Me + 6 al Monney	13 Stemens
C Hospital per institution	(c) City or town   Sactimus CIT (If outside city, or 5 wn limits, write RURAL and give town)
Frankows quare Hors.	L' Street No. Franklin Iquare Fort.
d Length of stay in hospital or ingt. (yrs., mos., or days) /2 his	of Street No. 1 work the Equation (If pural give location)
(e) Length of stay in Baltimore (yrs., mos., or days) //2 Low	4/15 Menten (If rural give location)  (e) If foreign born, how long in U. S. A.)  years
× 1 1 1 1	Year
3 a FULL NAME Infant Stansbury	
3 (b) If veteran, name was 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH November 14 19 39. at 6: 45 PM
4. Sex 5. Color of the 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Female White divorced new Bone	ed deceased from 2011. 14, 1939, to more 14 1939,
6 b) Name of husband or wife	and that I last saw here alive on her. 14 19 37.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) november 14, 1939	Prematurity
8. AGE: Years Months Days If less than one day	21
1/2 hr. min.	Due to Placenta Praevia
9 Birthplace saltimore, d.	
(Town, county, and state)	Due to
10. Usual Occupation	
11. Industry or business	Other Conditions
# 12. Name Carroll Stanstury	Include pregnancy within 3 months of death)
3 13. Birthplace Baltimore	Major findings:
10	Of operations Claserian Section cause to which
14 Maiden Name Loris Smith	charged statis-
15. Birthplace Galtimore	Of autopsy tically
16 (a) Informant	22. If death was due to external causes, fill in the following:
(b) Address	(a) Accident, suicide, or homicide
17 (a) (b) Date thereof	(b) Date of occurrence
(Burial cremation, or removal (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
c Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Commissioner of Forth	place? While at work? (Specify type of place)
18 (a) Funeral director	(e) Means of injury
Address Per H. A. Moore	23. Signature Nathan Wolf
19 (a) 17 10200 metrington I diane, MP	Addres Layette Gallen Bare Loned 1/17/39
(Date rividly results) Registrar	Address, Agus Saggunde nghed////

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	E OF DEATH 122 Regioned No. 3008
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 4240 - astern ave. (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State **& Prlan(b) County  (c) City of town Reltimore  (If outside city or town limits, write RURAL and give town)
3 (a) FULL NAME  John H. Taylor  3 (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH //-/3 19 39, at 3 1/4 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife Annie 6 (c) If alive, give age 65 years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  6 (2) 1 (28) hr. min.  9. Birthplace V2.  10. Usual Occupation Lalorer  11. Industry or business unemployed	21. I certify that death occurred on the date above stated; that lattended deceased from 1(-1 1939, to 1/-/3 1939, and that I last saw him alive on 1/-/2 1939.  Immediate cause of death  Internal obstruction of whether with the conditions  Due to  Other Conditions
12. Name Bessick Taylor  13. Birthplace  14. Maiden Name Sapa Newton  15. Birthplace  Va.  16 (a) Informant Records	(Include pregnancy within 3 months of death)  Major findings: Of operations Interlinal Obstoretic Cause to which death should be harved statistically.  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 a Burial b Date thereof 11-17-39  Burial crematic or removal (month) (day) (year)  C Cemetery or crematory Weems Va.  Location Some artir by Va.  Location Some artir by Va.  Address 147 Calheren 57.  19 a) Address 147 Calheren 57.  Registration of the project of the contract of the	(c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature & K. Woodward fr  M. D.  Address, Balto. City Horf  Date signed 11-13-39

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F 63009 ;		E OF DEATH	63009
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address I200 Vall (c) Hospital or institution: Little Sisters of th (d) Length of stay in hospital or inst. (yr	e Poor	2. USUAL RESIDENCE OF DECEASED:  (a) State Dallo (b) County  (c) City or town Pallimon  (If outside city or town limits, write Rt  (If outside city or town limits, write Rt  (If rural give locat	(ion)
(e) Length of stay in Baltimore (yrs., mo		(e) If foreign born, how long in U. S. A.)	years
3 (b) If veteran, name war 3 (No	c) Social Security Account	MEDICAL CERTIFICATION 20. DATE OF DEATH NOV. 16,1939 19	_
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days  8.3  9. Birthplace Raltimore 10. Usual Occupation  11. Industry or business  12. Name  13. Birthplace ?	Malloy  alive, give age years  If less than one day  hr. min.  Mix o min.	Due to  Other Conditions Eleve of James  (Include pregnancy within 3 months of death)  Major findings:  Of operations	Duration 2 y y y  PHYSICIAN  Underline the cause to which
14. Maiden Name ? 15. Birthplace ? 16 (a) Informant Little Sist	ers of the Poo	Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide	death should be charged statis- tically, ne following:
(c) Cemetery or crematory  Location  18 (a) Funeral director  (b) Address  19 (d) Address	thereof nov 19,1936 whereof nov 19,1936 whereo	(c) Where did injury occur?	work)

153010 CERTIFICA	V
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF
a Bultimore City, Maryland	10 State Pa
b) Street address	- 6
c) Hospital or institution: OHNS HOPKINS HOSPITAL	(c) City or town
d) Length of stay in hospital or inst. (yrs., mos., or days)	d Street No. 14
() Length of stay in Baltimore (yes, moo., or days)	(e) If foreign born, how
a FULL NAME Luther Hofface	6.41
3 (b) If veteran, name war 3 (c) Social Southy Account	mt MED
No.	20. DATE OF DEATH
Sex 5. Color or race 6 (a) Single, married, widowed,	21. I certify that death of
male white divorced Wiclowed	ed deceased from
(b) Name of husband or wife	and that I last saw h
6 (c) If alive, give age yea	Summeriate came of nearth
7. Birth date of deceased (mo., day, yr.) 4-22-61	as result
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o. Ordan Occupation	
II. Industry or business Banker 0	Other Conditions
12. Name Douid Hoffacker	Include programcy
13. Birthplace md10	Major findings:
	Of operations
14 Maiden Name Cardelia Shuma	N
15. Birthplace Md	Of autopsy
16 a Informant Records	22. If death was due to
b Address JOHAS HOPKINS HOSPITAL	(a) Accident, suicide, o
Brist 11-10-34	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year	r) (c) Where did injury o
(c) Cemetery or crematory M.A. Olivet	(d) Did injury occur ab
Location Hanoner. Pa	place?
Volume Gall	(Specify ty
18 (a) Funeral director of Training of d.	(e) Means of injury
Address - 1938 the	23. Signature
Dute rec'd by registrari	9. Address Johns

۱	(a) State Pa (b) County
	(c) City or town Hanover
	(If outside city or town limits, write RURAL and give town)
	d) Street No. 146 Broadway ave
ľ	(e) If foreign born, how long in U. S. A.? years
	It foreign both, now long in C. S. A.F
1	K
	MEDICAL CERTIFICATION
	20. DATE OF DEATH 400. 17 1939 at 10 a.M
	21. I certify that death occurred on the date above stated; that lattend-
	ed deceased from 400 6 1939. to 400.171939.
	and that I last saw h in alive on Now 17 19 54.
1	Immediate cause of death Tox
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ı	include pregnancy within 3 months of death;
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1	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
	(b) Date of occurrence
-	(c) Where did injury occur? (City or town) (County) (State)
	(d) Did injury occur about home, on farm, industrial place, in public
	place? While at work?
-	
-	23. Signature arthur Thomas Ward .
P.	23. Signature arthur thomas Ward .  Address Johns Hythe Hy Date signed 117
	A # 11

2. USUAL RESIDENCE OF DECEASED

Registered No. F 63010

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63011	63011 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 2006 (c) Hospital or institution:	9 N Renlalace	2. USUAL RESIDENCE Of State Assate (If out side assate ass
d Length of stay in hospital		Street No. 25
3 (a) FULL NAME	£ 1/ 1/	rison 96
3 (b) If veteran, name war	3 (c) Social According According	1 / V
4. Sex 5. Color or race	divorced Www.	above, held an Julian
6 (b) Name of husband or wi	fe	obtained by said
7 Birth date of deceased (mo 8 AGE: Years Months	Days If less than one day	Immediate cause of death
9. Birthplace William	ng la 1. Carolin	A Due to
10. Usual Occupation		Pue to
12 Name Mula 13 Birthplace Cond	on, England	Other Conditions
14. Maiden Name BC	enche ton crum	
	in Island Gerhan	Of autopsy  22, If death was due t
17 a Buriel  17 a Buriel  18 or mation, or rem	b Date thereof nov 18-3	
Cemetery or crematory	ina mo	(c) Where did injury (d) Did injury occur a
18 (n) Funeral director	HC+Bm Walte	place? (Specify  (e) Means of injury
I shad the	1 h - He J 12	( Micans of mildis)

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	3011
. USUAL RESIDENCE OF DECEASED:	
a State and (b) County	
City of town Selter	
	At, and give town)
Shell No. 2009 h. Berlow	eu St
() If foreign born, how long in U. S. A.?	years
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MEDICAL CERTIFICATION  O. DATE OF DEATH Revenues/6 19 3	330 A
D. DATE OF DEATH Kwewler/6 19	7. at M
I. IHEREBY CERTIFY, That Itook charge of the r	emains described
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brained by said (Autopay or Inquiry) find that said	The contract contract
his death on the day stated above.	
nmediate cause of death	Duration
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(Include pregnancy within 8 months of death)	PHYSICIAN
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2. If death was due to external causes, fill in the	
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d Did injury occur about home, on farm, industria	al place, in public
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11,10131	AT M.D
3. Signature W W Wedical Example	fier

Date signed 11/16/2.9

Registered No.

F	6:	3(	)1	2
1. 1	PLACE	OF	DEA	\TF

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md. (b) County Howard
b) Street address Redwood & greene St	01/2.12.
C) Hospital or institution:	(c) City or town Elkridge
Unir. Hospital	all a state of the
•	(d) Street No. Washington Blod.
d Length of stay in hospital or inst. (yrs., mos., or days)	(If right give location)
c) Length of stay in Baltimore (yrs., mos., or days).	(e) If foreign born, how long in U. S. A.? years
Godfre W. Stirer:	
3 b If veteran, name war 3 c Social Security Accour	
No705-10-0643	20. DATE OF DEATH / OV. 14 1939 . at 10 45 A. M
4. Sex 5. Cologor race 6 (a) Single, married, widowed, of	21. I certify that death occurred on the taste above
male white divorced married	ed deceased from Nov. 9 1939, to Nov. 14 1939.
(b) Name of husband or wife Mary E. Stivers	and that I last saw h im alive on Nov. 14 1934.
6 (c) halve, give age 4 year	
	immediate cause of death - Al 4.4 - Franchish
7. Birth date of deceased (mo, day, yr.) Flb. 5, 1873	& Suppression Kidney Function
AGE: Years Months Days If less than one day	to deal of the Alberta Control of the Alberta
66 9 9 hr. mi	Due to Arthrisochrotic C. V.D.
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Buthplace (Town, county, of star	Due to
O. Usual Occupation Baggage marter,	
1. Industry or business B. 4 6. Railroad	Other Conditions Diabetes Priviles
11 . 1/1 .	PHYSICIAN
12. Name William J. Stivers	cinclude tregg ney within recath of death;
13. Birthplace Maryland	Major findings:  Of operations  Underline to white
14. Maiden Name Many Covell	or operations
	Of autopsy Cardine Interinon hard state
15. Birthplace Maryland	
6 (a) Informant Mary E. Stivers.	22. If death was due to external causes, fill in the following
Address Washington Blod. Elkridge;	M.J.a) Accident, suicide, or homicide
D Water and Water Constitution	(b) Date of occurrence
17 (a) Burial (b) Date thereof Nov. 18,193	r) (c) Where did injury occur)
Mandaunidal	(d) Did injury occur about home, on farm, industrial place, in public
Location Dorsey, ma.	1971 1 1.3
Location Dany; Mg.	Sand to the of classes
18 (a) Funeral director E. Leroy & tiffler, 9 mc.	(e) Means of injury
(b) Address 125 E. North ave.	23. Signature Sterry Nows
19 Mand and 18 Huntington Williams	M, D.

### F 63013

## CERTIFICATE OF DEATH

3 / Registered No. F 63013

	I I	10)(11()
1. PLACE OF DEATH: (a) Baltimore City, Maryland 4940 Restern Avenue (b) Street address	2. USUAL RESIDENCE OF DECEASED:  Maryland  (a) State  (b) County	
(c) Hospital or institution:	(c) City or town Baltimore	
Baltimore City Hospitals	(If ontside city or town limits, write RUP	At, and give towol
d Length of stay in hospital or inst. (yrs., mos., or days) 11 d	aya Street No. 506 Clayton Street	Sheet Control
d Length of stay in hospital or inst. yrs., mos., or days	C. P. (B. Eller III. 1) II. (Eller III. II. III. III. III. III. III. III	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Neal Johnson		
3 (b) If veteran, name war Social Security Account No. 096-07-2405		9 at 10 5 AM
4. Sex S. Color of race 6 (a) Single, matried, widowed, of Colored divorced Single	21. I ceitify that death occurred on the date above stored deceased from 1934, to Management	
6 h Name of husband or wife	and that I last saw h we alive on how. 16	19 39
6 (c) If alive, give age year	19 Immediate cause of death	Duration
7. Birth date of deceased mo. day. yr. Aug. 26, 1879	Chrisi Geomeralo reghitis	when my.
8 AGE: Years Months Days If less than one day 0 2 20 hr. mi	D 40	
9 Birthplace Bultimore  10. Usual Occupation Laborer  11. Industry or business	Other Conditions Hyperlineur	whom.
11, 111	Child Collonions	BUYSICIAN
12 Name Neal Johnson	(Include presenting within 2 months of death)	PHYSICIAN
Z 13 Birthplace Bel timore	Major findings:	Underlinette
Mary Morelock	Of operations	death should be
14 Maiden Name  15 Burbplace  Maryland	Of auropey not dine	charged station finally.
16 la Informant Records	22. If death was due to external causes, fill in the	following
Address Baltimore City Hospitals	(a) Accident, suicide, or homicide	
15-11-10/2	(b) Date of occurrence	
17 (Burial cramation in remark) (may) (day)		munty) (State)
Cemetery or cumatoring at the Men. Ca	d Did injury occur about home, on farm, industri	
()  /	place? While at w	
Location Dalle 9	(Specify type of place)	
18 (a) Funeral director Mo. 10 00 00	(e) Means of injury	
19 Address 1939 Multington Milliams, M.R.	Address Falto City Hosp. Date s	M. D. signed //~/9~39
Philip sec hay registrar	Address / Court	

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

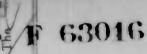
2. USUAL RESIDENCE OF DECEASED:



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	o State Md (b) County	
(b) Street address		
C. Hospital or institution:	(c) City or town  (d) City or town  (d) City or town limits, write RURAL and give town)	
University Hospital		
7	# Street No. 2005 Barclay J.	
d Length of stay in hospital or inst. (yrs., mos., or days)	elf rural give location)	
(e) Length of stay in Baltimore (yra., 1906, or days) 38	(e) If foreign born, how long in U. S. A.) 38 years	
3 10 FULL NAME Karl Sollands		
3 h If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	
No. MOME	20. DATE OF DEATH NOV. 17 1939, at 12 2 MM	
4. Sex 5. Color or race (1 (4) Single, married, willowed, or	21. I certify that death occurred on the date above stated; that lattend-	
Male White divorced Married	ed deceased from Nov. 8 1939. to Nov. 17 1939.	
6 1 Name of husband on wife Elizabath Sollanel	and that I last saw h im alive on Nov. 16 1939	
6 c) If alive, give age 5/ years	1 dies annu d'Arab	
7. Birth date of deceased mo, day, vi. Nov 20 1881	Coronary Thromboso 10 days	
8 AGE: Years Months Days If less than one day		
	Due to arteriosclerate C. V. D.	
57 11 27 hr min		
9 Birthplace	Due to	
10. Usual Occupation Meat Cartes actions		
9. Birthplace  9. Birthplace  10. Usual Occupation  11. Industry or business  12. Industry or business  13. Industry or business  14. Industry or business  15. Industry or business  16. Industry or business  17. Industry or business  18. Industry or bu	Other Conditions	
# 12 Name Karl Sollanek 0013	DILYCICIAN	
Pri de la companya del companya de la companya de la companya del companya de la companya della companya de la companya della companya de la companya della	Cloniade pregnancy within a months of deaths	
13 Birthplace Yes many	Major findings:	
# 14 Maiden Name Was Known	Of operations	
15. Birthplace Germany	charged statle-	
* 15. Burdiplace	Of autopay trails.	
16 1 Informani Karl G. Sollanck	22, If death was due to external causes, fall in the following	
1) Address 902 E. 30 - J.	(a) Accident, suicide, or homicide	
17 Address 902 E. 30 5.  17 Barial Date thereof 11/20/39  Therial complete the sent 11/20/39	(b) Date of occurrence	
Harial complement to the complete (might) (day) (year)	(c) Where did injury occur? (County) (County) (Mintel	
Comercing accommunary St. Matthews	(d) Did injury occur about home, on farm, inclustrial place, is public	
Location Bulk Had.	place? While at work?	
18 (a) Funeral director William Cook		
1) Address 1217 St. Paul st	(e) Means of injury	
Address Land Hills and HE	23. Signature Henry Ha soe	
19 6 Le wedte replacer a la tental Rither	Address Univ. 21 pp. Date signed 11/17/99	
A. A. A.	9	

### HEALTH DEPARTMENT—CITY OF BALTIMORE 63015

CERTIFICATE OF DEATH Womens Hoopital Regintered No. (If don'th occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No..... yra. .....de. How long in U. S. If of foreign birth? ......yra. specify WAR (Umail place of abode) Ward. (If non-resident nive city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Diverged (write the word) 19 39 21. DATE OF DEATH (month, day, year) Male I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of save occurred on the date stuted above, at 12.3/m 6. DATE OF BIRTH (month, day, year) The principal cause of death and rolated causes of tumature - 7 mon ause unknown A. Trude, ferafession, or particular kineful work done, as spinner, aswyer, bookkeeper, etc. 5. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (menth and Other contributory causes of importance: 11. Total time (years)
spent in this
occupation 12. BIRTHPLACE (city or town). State or country) Name of operation 14. BIRTHPLACE (elty or town) What test confirmed diagnosis? (State or country) 21. If death was due to external causes (viel-IS. MAIDEN NAME PAULLO Accident, suicide, or bomiside? 16. MIRTHPLACE (dty or town) consectally, NU Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in bone, or in public (State of country) Farty Jouneth P. Macmillan Grantley Kl 3806 (Address) Manner of Injury 18. HURIAL, CREMATION, OR REMOVAL Nature of Injury Park Date 24. Was discuse or injury in any way related to occupation of decreased William Cook 19. UNDERTAKER among or / Villama 1 1 (Surney) Registrar.



### CERTIFICATE OF DEATH



CERTIFICAT	E OF DEATH 90 P 0.0010
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address Donnes to tond (c) Hospital or institution:	(a) State (b) County 2.
(d) Length of stay in hospital or inst. (yra., mos., or days)	Street No.  itf rural give location)  (c) If foreign born, how long in U. S. A.?
3 (a) FULL NAME	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Notember 16 1939, m7.30 PM
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated, that lattended deceased from 26 2/ 1938, to 2016 1939.
6 b Name of husband or wife 6 c If alive, give age years  7 Birth date of deceased mo, day, yr	Immediate cause of death  Presented I Uminal  Duration  3 Mays
8 AGE: Years Months Days If less than one day hr. min. 9 Birthplace (Town, county, and tate) 10. Usual Occupation 11. Industry or business	Due to Dupperlusion  Other Conditions
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace	PHYSICIAN  Major findings:  Of operations  Of autopsy
15. Birmprace  16 a Informant  b Address  17 a Surval b) Date thereof for 2 of a financial (month) (day) (year)  c Cemetery or crematory  Location  18 a Funeral director  b Address 2 of a financial (month) (day) (year)  19 (a) Address 2 of a financial (month) (day) (year)  19 (a) Address 2 of a financial (month) (day) (year)	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Count) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  While at work?  (Specify type of place)  Address 4327 uluilly also Date signed 117739.

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PLAINLY, WITH UNFADING INK Every	penally important. Physican please write the

15

000418	E OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF
(b) Street address 6 N. Ellwood Avenue (c) Hospital or institution:	(c) City or town (If outside
(d) Length of stay in hospital or inst. (yrs. mos., or days)	de Street No. 6 7
3 a FULL NAME Margaret Heil	
3 (b) If veteran, name war 3 (c) Social Security Account	MED 20. DATE OF DEATH
4. Sex  5. Color or race 6 a Single, married, widowed, or divorced Married  6 b Name of husband or wife b Steil 6 c) If alive, give age  7. Birth date of deceased no., day, yr Sox 26/867  8 AGE: Yea Months Days If less than one day Will 1972  On 11/26/39  9. Birthplace  (Town, county, and state) Housewife  10. Usual Occupation 11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace	above, held an (Autoped obtained by said to (Autoped death on the lamediate cause of death
16 (a) Informant John Steel  18 (a) Informant John Steel  18 (a) Informant John Steel  18 (a) Funeral director John Welling Welling  18 (a) Funeral director John Welling  18 (a) Funeral director John Welling  18 (b) Funeral director John Welling  18 (c) Funeral director John Welling  18 (d) Funeral director John Welling  18 (e) Funera	Of autopsy  22. If death was due to  (a) Accident, suicide, (b) Date of occurrence  (c) Where did injury occur ab  place?  (Specify to

USUAL RESIDENCE OF DECEASED: 1) State lus // County City or town (If out ide city or town limits, write RURAL and give town) 6 n. Elword are (If rural give location) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 11-16-1939 012 45 PM O. DATE OF DEATH 21. IHEREBY CERTIFY, That Itook charge of the remains described above, held an thereon and from the evidence find that said deceased came btained by said tro death on the day stated above Deratioa mediate cause of death. Sportereous Cerebral Other Conditions PHYSICIAN (Include prognancy within I months of death Viajor findings: Under ine the cause to which Of operations death should be charged stati-22. If death was due to external causes, fill in the following: a Accident, suicide, or homicide Date of occurrence (c) Where did injury occur? (City or town) (County) d Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) e Means of injury 23. Signatura town Workson M.D. Date signed 11 - 17 - 3 9

Registered N

supplied. Che	The state of the s
nformation should be carefully of death clearly and legibly	
Every item of info	
UNEADING INE	
AINLY, WITH	The same of the same of the same

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	V		
1	1-13	Register	ed No.
′		F	63018

63018	CERTIFICATI	E OF DEATH	33018
1. PLACE OF DEATH:  (a) Baltimore City, Marriand  (b) Street address Herring Run and A  (c) Hospital or institution.  Sydenham Hospital  (d) Length of stay in hospital or inst. yrs., 1	Mos, or days 31 days	1820 Lorman S	TRAL and give town
(e) Length of stay in Baltimore (yrs., mos.,	or days 20 Months	(c) If foreign born, how long in U. S. A.?	yen
No.	Social Security Account	SEABREEZE  MEDICAL CERTIFICATION  20. DATE OF DEATH November 14 19	39. At 530 A.
Female Colored divorced.	le, married, widowed, or	21. I certify that death occurred on the date above of ed deceased from OCTON 14 1939, to No and that I last saw here alive on November 1	stated; that I atten
7. Birth date of deceased mo., day, yr. M	hr min.	Immediate cause of death Influenza al Meningitio Due to Influenza Bacillus, Type B  Due to	Duration
10. Usual Occupation 11. Industry or business		Other Conditions	
12. Name William See 13. Birthplace Lancaster Coursell 14. Maiden Name Mary Will	lians	Cinclude pregnancy within 3 menths of death Major findings: Of operations  Of autopsy  Manuagits	t nderline and to it tenth should have to a tirally.
15 Birthplace Pitt buyh 16 a Informant Mother 18 20 Lo 17 a Burel (Burel b Date the Burel) Cemetery or crematory Location 18 a Funeral director	may St.	22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industry place?  (Specify type of place)  (e) Means of injury	(County) (State
19 a) Address / 3 0 3 0 120	to Miliana M	Address Sydm Law Hoopitel Dat Beltimon, And.	te signed W/

F 63	019		BALTIMO	RE CITY H
1. PLACE OF				
	re City, Marylan		2	0
(b) Street a		4 11/	Rogers	ave
(c) Hospita	l or institution:			
			,	2
	of stay in hospital			
(e) Length	of stay in Baltimo	re yrs, mor	, or days)	mo
3 (a) FULL!	NAME Em	est H	arley Social Secur	Pearre
3 (b) If vete	ran, name war	3 (0	Social Secur	ity Account
		No.		
4. Sex	5. Color or rac	discount	gle, married, v	
male	White	divorces	Vidroco	2
6 b Name	of husband or w	des	4	
		6 (c) If a	flive, give age	yeare
7. Birth date	e of deceased me	o, day, yr		
	ears Months	Days	If less than	one day
63	1	/	hr.	min.
9. Birthplace	Tale ser	ryctown	w Va	-
10 I level O	ecupation Es	Classes /	Br O	1093
	or business			V
	4 1	Know		
12. Nam		,00,00		
13. Birth	iplace			
14 Maio	len Name a	×		
15, Birtl	iplace a	4		
16 (a) Info	mothers ma	rtha F	Tlade	
	Irens 3904 .			
17 (a) B.	1 /	/ Date !	thereof Nov-	19/939
Finris	1 compatible, or ren	novali	(morth)	(day) (year)
(c) Cerr	netery or cremator	y turk!	Teight le	n-c
Loca	stion /3 run	swick	ma	
18 (c) Fun	eral director Wal	leam h	n more	K
	Trens 715 Li			
19 (1) / 4	1 0 30000		1- 1/11	- 11 m

	E OF DEATH	3019
	2. USUAL RESIDENCE OF DECEASED:	
	a) State In d (b) County	
	(c) City or town Palto (If outside city or town limits, write RURA)	and also town
2"	Therest No. 3904 W Rogers an	e and give town,
	(e) If foreign born, how long in U. S. A.)	years
	ee L	
count	MEDICAL CERTIFICATION	35
	20. DATE OF DEATH /// 137	. at 9 PM
ed, or	21. I certify that death occurred on the date above state ed deceased from 15 1939. to 11	d; that lattend-
	and that I last saw h Malive on 11/16 19	39 . /
yeare	Immediate cause of death	Duration
	My voorder of	1
у	of chronic - accomplise	ding
min.	Due to your tension	
3	Due to	
	Other Conditions	
	(Include or knancy within 8 mo that of death)	PHYSICIAN
	Major findings:	Under ine the
	Of operations	leath hould be
	Of autopsy	tically
	22. If death was due to external causes, fill in the fo	llowing:
	(a) Accident, suicide, or homicide	
1939	b) Date of occurrence	
(year)	c) Where did injury occur? (City or t wn) (Coun	ty (State)
	d Did injury occur about home, on farm, industrial	
	place) While at worl	
	(Sperify type of place)	60
	23. Signature Child	24
ar a.	Address (lescess not) Dute ign	W17/29
		4 8 895

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 45 8

50201 sF 63020 Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland  b) Street address 4940 Mastern Avenue	2. USUAL RESIDENCE OF DECEASED: (a) State Maryland (b) County
(c) Hospital or institution: Baltimore City Hospitals	(c) Pay or town (If outside city or town limits, write RURAL and give town 1502 BraddishAvenue
d Length of stay in hospital or inst. (yrs., mos., or days) 12 de:	ys d Street No. 1502 BraddishAvenue  If rural give location)  (e) If foreign born, how long in U. S. A.? year
3 (a) FULL NAME Mary Robinson	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH November 17 1939, at 6 58 A M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that lattend ed deceased from www 16 19 39, to www. 17 19 39
( h) Name of husband or wife Thomas	and that I last saw her alive on hor. 17 19 39.
6 c If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased mo. day, vr. Dec. 12, 1 8 6 5 8. AGE Years Months Days If less than one day 73 11 55 hr. min.	Hyperteurine cardinasula disease unknown.
O Birthplace Baltimore  10. Usual Occupation Unemployed C.A.P.  11. Industry or business	Oher Conditions
12 Name Joseph Miner (d)  13. Birthplace Spain	Major findings:  PHYSICIAN
M	Of operations
14 Maiden Name Sarah Megowan (d)  5 15 Bubblice Pa.	Of autopey not done trails
16 (a) Informant Records	22, If death was due to external causes, fall in the following
Address Baltimore City Hospitals	(a) Accident, suicide, or homicide
Burial Date thereof 11/21/39  Cemetery of Crematory Loudon Park  Leation Baltimore, Ltd.	b) Date of occurrence  c) Where did injury occur?  d) Did injury occur about home, on farm, industrial place, in public place?  While at work?
Address North & Penna Avenues  When the Penna Avenues  When the Penna Avenues  Penna Avenues  Penna Avenues	23. Signature mwagzelsfein M. D. Address Dalto Cety / Jorge signed 11-17-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct are a especially important. Physicians: please write the causes of death clearly and legibly.

63021

CERTIFICATE	. Of DEATH
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(b) Street address Hol State Road	(a) State had (b) County  (c) City of town Ballewine
(c) Hospital or institution:	(c) City of town (If outside city or town limits, write RURAL and give town)  (d) Street No. +8 D   St
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME John Casper	Brunett V
3 (b) If veteran, name war Social Security Account No.	20. DATE OF DEATH 17 1939, at 1012A M
Sex Colororrace d'artingle, married, widowed, or divorced arried	21. I certify that death occurred on the date above stated; that lattended deceased from Oct 3 1939, to VOV 17 1931.
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of depth Duration
7. Birth date of deceased mo., day, yr. 121-1874	cerchial deservine Landern ot3, 1934
8. AGE: Years Months Days If less than one day	Due to fight them plegin
9. Birthplace	Due te
10. Usual Occupation 11. Industry or business	Other Conditions Browles Presenting 3 days
12. Name Seorge Daumatt	(Include pregnancy within 3 months of death)  Major findings:  Underline the
13. Birthplace	Of operations cause to which death should be
14. Maiden Name	Of autopay tically.
15. Birthplace has an analyseum	22. If death was due to external causes, fill in the following:
16 (a) Informant 180, Sed Good Road	(a) Accident, suicide, or homicide.
17 a Surial b Date thereof Adv 20-1939 (nionth Oday) wear	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery of cremator oreclass orte	(d) Did injury occur about home, on farm, industrial place, in public place?  While at work?  (Specify type of place)
18 (a) Funeral director in Stephen 180	
(b) Address  19 (a) (Date rec'd by registrary)  (Date rec'd by registrary)	23. Signature Power by M. D.  Address 2290 VE Vivil (34 Date signed)

VS 3

1. PLACE OF DEATH:	
(a) Baltimore City, Maryl	and Place &
(b) Street address RSP.	
(c) Hospital or institution:	
d Length of stay in hosp	oital or inst. (yrs., me
(e) Length of stay in Baltin	
3 (a) FULL NAME	
3 (a) POLE RAME	GRACE
3 (b) If veteran, name was	
	No.
4. Sex 5. Color or Female Whi	. dimension
6 b) Name of husband or	6 c If alive
7. Birth date of deceased	(mo., day, yr.) Se
8. AGE: Years Month	STATE OF THE OWNER, WHEN PARTY AND ADDRESS OF TH
62 /	2 29
9. Birthplace Was	hington, D
10. Usual Occupation	Housewi
11. Industry or business	
I 12. Name Mose	s Cohen
13. Birthplace	
	Ger
14. Maiden Name H	
15. Birthplace	Ger
16 (a) Informant Mrs	The second secon

#### ALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	H DOUGH	-3
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland Place & Brooks Lane	(a) State Md. (b) County	
Street address ESPLANAGE APUS.		-
Hospital or institution:	(c) City prieven Baltimore (If outside city or town limits, write RURAL, and give town	wn)
12	d Street No.Esplanade Apts.	
Length of stay in hospital or inst. (yrs., mos., or days)	ilf rural give location)	
Length of stay in Baltimore (yrs., mos., or days) 39 Yrs.	(e) If foreign born, how long in U. S. A.?	cars
(a) FULL NAME GRACE COHEN KATZ		
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH THOUSE	PM
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that latte	nd-
Female White divorcMarried	ed deceased from April 25 1921, to Mrs. 17. 193	7.
(b) Name of husband or William Katz	and that I last saw h & alive on Mov 17. 1939.	_
6 c If alive, give age 66 years	Sent believerary ordena 2 hor	
Birth date of deceased (mo., day, yr.) Sept. 18, 1877  AGE: Years Months Days If less than one day	reur permonary oracula	
	Due to Arterios clesote heurt diseased 17	
200	Communy artery Scienson	
Birthplace Washington, D. C. (Town, county, and state)	Due to 1 typer tryson 18 42	eur
0. Usual Occupation Housewife.	Arrivoscellos grando	
1. Industry or business	Other Conditions	
12. Name Moses Cohen	(Include prognancy within 3 months of death)	-
13 Birthplace Germany	Major findings:  Of operations	
14. Maiden Name Henrietta Loeb	Vascular naphrotes	ild be
15. Birthplace Germany	Of autopsy freezes de rote he art deseass tically.	
6 (a) Informant Mrs. A. Himmelrich,	22. If death was due to external causes, fill in the following:	
(b) Address Dumbarton, Pikesville, Md	(a) Accident, suicide, or homicide	
Donated 11/19/39	(ii) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (Sta	
(c) Cemetery or cremmory Oheb Shalom	(d) Did injury occur about home, on farm, industrial place, in property while at work?	ublic
Location Baltimore, Md.	place? While at work? (Specify type of place)	
18 (a) Funeral director David Condhum . Son	(e) Means of injury	
(b) Address 1902 Eutaw Place	23. Signature Louis . Humburger	).
19 NOV 1. 8 19396) 15 4 to Hillinginger M.	Address 1207 Eutaw Place Date signed	
The red diff red diff.		
VS 3		

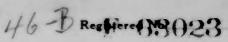
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DING INK. Every item of information should be carefully sup	legibly.
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63023

1. PLACE OF DEATH:

#### CERTIFICATE OF DEATH 46 TRESPERS CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:



(b) Street address 902 Miles (c) Hospital or institution:	Edmont St	a State Max. b County  (c) City or town  (1) outside city or town limits, write RUR.	
d) Length of stay in hospital or inst.	yrs., mos., or days)	of Streets. If rural give location	) 7
(e) Length of stay in Baltimore   yrs., 1	mos., or days) Life	If foreign born, how long in U. S. A.?	years
3 (a) FULL HAME ROBERT	-hompson		
3 (b) If veteran, name war	No. 2006	MEDICAL CERTIFICATION  20. DATE OF DEATH //-/7 19 3	9. at 12:40M
M C divor	MARYILD	21. I certify that death occurred on the date above stated deceased from 11/9 19.3%, to 11	
6 (b) Name of husband or wife an	NIC Thumpson	and that I last saw h/ alive on 11-16	1939.
6 (c)	If alive, give age 67 years	Immediate cause of death Saftic Carlinumi	Duration VNK
7. Birth date of deceased mo., day, your B. AGE: Years Months Days	If less than one day	Due to	Val(
9. Birthplace Balting (Town, 10. Usual Occupation 496 N	county, and state)	Due to Other Conditions	
11. Industry or business // 12. Name Daniel The 13. Birthplace		(Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN Underline the
H 14 Maiden Name Susun	Bowie	Of operations NU	cause to which death should be charged statis- tically.
15. Birthplace  16 (a) Informant (4.) HANI (b) Address 90 2 Mc //  17 (a) Secural (b) Da (Burial, cremation, or removal) (c) Cemetery or crematory Location  18 (a) Funeral director (b) Address  19 (a) 1 2 103 multiple	shumpson	22. If death was due to external causes, fill in the f  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	unty) (State) I place, in public ork?

Registered No.

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	The state of the country
(b) Street address 4205 Ferwhell are	(a) State (b) County
(c) Hospital or institution:	(c) City or town alto
	(If outside city or town fimits, write RURAL and give town)
	& Street No. 4205 Fernbill an
(d) Length of stay in hospital or inst. (yes., mos., or days)	(If Formi give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.2 years
3 (a) FULL NAME Christina Auhland	
3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH 101 16 1939. at 10 P. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Temale thate divorced married	ed deceased from March 8 19 33, to MOV. 16 1939:
6 1 Name of husband or wife seeing Auhland	and that I last saw her alive on Mov. 16, 1939.
6 c If alive, give age 79 years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) May 10/1860	cardiae failure 1 mo.
8. AGE: Years   Months   Days   If kenthan one day	
79 6 6 hr. min.	Due to chronic myo carditis dont
Mr. min.	ornal 10
9. Birthplace (Toyot, county, and state)	Duoro Clironic ne plentes , years
10. Usual Occupation	
11. Industry or bysiness	Other Conditions
# 12. Name sacoh chuchard	(Include pregnancy within 3 months of death)
	Major findings:
13. Birthplace	Of operations cause to which
14. Maiden Name Kulburner	death should be
15. Birthplace Kerberonn.	Of autopsy tically.
16 a Informant Lavery Suchfand	22. If death was due to external causes, fill in the following:
(1) Address 4 20 50 Fernshell are.	(a) Accident, suicide, or homicide
13 4 14 120	(b) Date of occurrence
(Burisl, cremation, or removal) (mgnth) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory Sillumonia Country	(d) Did injury occur about home, on farm, industrial place, in public
Balta Md.	place? While at work?
Location Hamacock	(Specify type of place)
18 (a) Funeral director to the first three	(e) Means of injury
(b) Address 4204 Pagesti	23. Signature. Tel Kell ( Guyy)
(Date me'd by replected) the true for following the	Address 3030 Campus an ar Bate signed 11 7/39.
0/0,/6	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:	
a) Baltimore City, Maryland	
b) Street address N. Calvert St.	(c) City or town (If gatside city or town limits, write RURAL and give town)
(c) Hospital or institution:	(If outside city or town limits, write RURAL and give town)
Mercy Haspital	(d) Street No. Dominican Canalytic location)
d Length of stay in hospital or inst. (yrs., mos., or days) 2 hear.	(If rural give location)
Length of stay in hospital of thet. (yes., mos., of days	(e) If foreign born, how long in U. S. A.?
(e) Length of stay in Baltimore (yrs., mos., or days) 2 40	
3 (a) FULL NAME Harrie Ethelyn Spain -	Res. Mother Mary fithe Chief Jene
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. no	20. DATE OF DEATH November 18 1939, at 3:53 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	as I all the death occurred on the date above stated; that lattend-
divorced.	ed deceased from Sept. 15 1937, to 100.11 1937.
	and that I last saw her alive on / Yo V. 18 1939.
6 b Name of husband or wife 6 c If alive, give age years	Down the same
1 201	Intertinal Obstruction 2 most
7. Birth date of deceased mo., day, yr. June 28 1883	
8. AGE: Years Months Days If less than one day	Due to Metesteus fram!
56 4 2100 hr. mig.	admo carcinama of Breate 12 40
mass mass	Due to meter trees to fach , 244
10. Usual Occupation Religious, Claulines	
	Other Conditions Myscoland .
11. Industry or butyess Dougin law Convent	
a mal Shaill	(Include pregnancy within 8 months of death)
	1
13. Birthplace (Ankylown)	Major findings: Of operations Radical Musticlassing cause to which death should be
# 14. Maiden Name Autsprown	Lt. 1941 117-1933 Jan Charged statin-
9 15 Birthologe MARMONTH.	Of autopay Mo autopay tically.
16 (a) Informant Doninican Convent Record	22. If death was due to external causes, fill in the following:
16 (a) Informant of Millians (a)	(a) Accident, suicide, or homicide
(b) Address CAMPROLLE MAINTER	(b) Date of occurrence
17 (a) Butto MA (b) Date thereof 1/2/13/	(c) Where did injury occur? (County) (State)
David Committee of Permoval!	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory Doniclaw Convolver	While at work?
Location De Do	place? (Specify type of place)
18 a Funeral director May Frankson Lile	(e) Means of injury
118 M not Royal Use	23. Signature Frederick dellower
(b) Address 110 to the A All was 117	On head the number 11-18-39
19 (a) Registrar	Address Mesey Water Date signed !
White the Control of	

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMEN	T-CITY OF BALTIMORE
63026	E OF DEATH V 119 F 6302
1. PLACE OF DEATH Provident	Registered No.
CITY OF BALTIMORE: (No. 15/4 Lline	St. Wird) a hospital ar frictituti give its NAME; instr of street and number.)
Length of residence in city or town, where denth occurred	
2. FULL NAME Latricia Siee	If U. S. Veteran
(a) Residence: No. 235 Hours (Usual place of abode)	of Oswapolio Md.  (If non-resident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. Color or Ruce 5. Single, Married, Widowed.	21. DATE OF DEATH (month, day, year) 11- 16-39, 19
Jerale Colve Single	22. 1 HEREHY CERTIFY, That 1 attended deceased fr
60. If married, widowed, or divorced HCSRAND of	11-7-39.10 .10/1-16-39.10
(or) WIFE of	1 lest saw her live on //- /6-3 9, 19 Death le s
6. DATE OF BIRTH (month, day, year) MAP. 16 1938	to have occurred on the date stated above, at 7. 45. PM
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impurpance field as indused:
1 day,hra.	well facts interests 10-1
8. Trade, profession, or particular kind of work done, as apinner.	surgy underessured
annyer, bookkeeper, etc	Rie Los Fr
9. Industry or business in which work was done, as silk mill,	·
aw mill, bank, etc.  18. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importances
year) occupation	**************************************
12. BIRTHPLACE (city or town) (State or country)	Was an operation performed Date of
	For what disease or Injury?
E 13, NAME VI	Name of operation
16. BIRTHPLACE (city or to a) (State or country)	What test confirmed diagnosis? Was there an autopay?
	23, If death was due to external causes (violence) fill in also the lowing:    Description   Descrip
IS. MAIDEN NAME	
(State or country)	Where did injury occur : (Specify city or town, county, and State
17 INFORMANT Poldie Matthew	Specify whether injury occurred in industry, in home, or in pul
(Address) Places who med.	Place
IS. BURIAL CHEMATION, OR REM VAL	Manner of Injury
Place To Alew to the Double 1910	Nature of lojury
IN ENDERTAKE Chas a. H. Welgans	24. Was disease or injury in any way related to occupation of decease
(Address) MAC Cu Plus S	Carend C. F. Malan
20. FILED IN THE OF OF	(Signed)
uncercy for I'Meau Bigilorde.	(Address) Turully Doming
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

920/Registard 183027

	THE PROPERTY OF PROPERTY	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(b) County	
b) Street address	5000	
The state of the s	(c) City or town (If outside city or town limits, write RURAL	and give town)
Church Home & Suficinery		St
	d Street No. 27 Will rural give location)	7
d Length of stay in hospital or inst. (yrs., mos., or days)	W/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W03.75
(e) Length of stay in Baltimore (yis., mos., or days) 42 yes	(e) If foreign born, how long in U. S. A.)	years
BEVERLY U.FEINOUR		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	14475
No.	20. DATE OF DEATH 10 16 19 39.	MASO: C to
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above stated	d; that lattend-
M W divorced. WIDOWER	ed deceased from Nov 15 1939, to Nov	16 1939.
	and that I last saw him alive on Nov 16 19	39
6 (b) Name of humband or wife Geneva Feinaur 6 (c) If alive, give age years	I-mediate cause of death ACUTE	Duration
	MYOCARDIAL FAILURE	7
7. Birth date of deceased (no, day, yr.) AUS 29, 1865 8. AGE: Years Months Days If less than one day		3
	Due to GEN ARTERIOSCHEROSIS	
	C.V. DISGASE	
9. Birthplace WASHINGTON, D. C.	Due to MITRAL INSUFFICIENCY	
10. Usual Occupation SALESMAN		
11 Industry of husiness	Other Conditions	
THOMAS FEINOUR		PHYSICIAN
12. Name THOMAS FEINOUR'  13. Birthplace BALTIMORE, MD	Include pregnancy within 8 meeths of death)  Major findings:	Underline the
13. Birthplace SALTIMORE, 17D	Of operations	nause to which
14. Maiden Name MARY HOPKINS		death should be charged statis-
15. Birthplace ANNA POLIS, MD.	Of autopay	tically.
A MANDE EELMOVE	22. If death was due to external causes, fill in the fol	lowing:
16 (a) Informant MISS MAUDE FEINOUR	(a) Accident, suicide, or homicide	
(b) Address 4002 LOCH RAVEN FAVD	The Research Control of the Control	
17 a Burial b Date thereof 700 8, 1931	(c) Where did injury occur?	ty) (State)
, Oh	d) Did injury occur about home, on farm, industrial p	
(c) Cemetery or cremator or and med.	place? While at work	
Location Work St. Not 0.	Specify type of place)	
18 (a) Funeral director Sany of William	(e) Means of injury	,
(b) Address 4/0/ Camondson line	23. Signature	M. D.
10 a 8 193. Thurting for Milliams, M.P.	Address Date sign	ned 11-16-39
replace to d by registrar) Registrar		

### 63028

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

## F 63028 Reglitered No.

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 813 N. Port St.  (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Md.  (b) County  (c) City or town Balto,  (d) City or town Balto,  (e) City or town Balto,  (f) outside sity or town limits, write RURAL and give town
(d) Length of stay in hospital or inst. (yrs., moa., or days)	Spect No. 813 N. Port St.  (c) If foreign born, how long in U.S.A.) 34 yrs years
(c) Length of stay in Baltimore (yrs. mos., or days)	The first garden, and the garden control of the con
Anna B. Senkyr	
3 (b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH NOV. 16 19 39, at & A. M.
4. Sex female 5. Color or race 6 (a) Single, married, widowed, or divorced. married  6 (b) Name of husband or wife Joseph Senkyr	21. I certify that death occurred on the date above stated, that lattended deceased from May 3 1937. to Nov. 16 19 39. and that I last saw is Not alive on Nov. 16 19 39.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) May 22, 1875	Cardio reval vascular
8 AGE: Years Months Days If less than one day	Diserse 5 700
64 5 25 hr. min.	Due to
9. Birthplace Czeckoslovakia (Tewn, county, and state) 10. Usual Occupation housewife 11. Industry or business  12. Name John Rut	Other Conditions Chr. Challed Physician (Include pregnancy wither points of death)  Physician
	Major findings: Under in the
13 Birthplace Czeckoslovakia	Of operations and to which
14 Maiden Name	ionth should be harged tatis-
15. Birthplace Czeckoslovakia	Of autopsy tically.
16 4 Informant Husband	22. If death was due to external causes, fill in the following:
b Address 813 N. Port St.	(a) Accident, suicide, or homicide
17 (a Burial (Burist, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
Cometery or crematory Oak Hill Location Horner's Lane & Phila Rd.	d Did injury occur about home, on farm, industrial place, in public place?  While at work?
18 (a) Funeral director Cherles E. Schimunek.  (b) Address 2601-03 E. Madison St.	(c) Means of inpury  23. Signature Vucceusty
19 (a) (Date rec'd by registrari	Address 845 N. Paterson & Blie maner 1/16/39

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BALTIMORE CITY HEALTH DEPARTMENT F 63029 CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: 1 PLACE OF DEATH: Balt more City, Maryland (b) Street address Diccident Porm tokus Hopkins Hospitar Mength of stay in hospital or inst. yr , mos , or days e Length of stay in Baltimore (yra, mos., or days) 3 a FULL NAME No. 219-01-6274 5. Color of race 6 (a) Single, married, widowed, or divorce Married 6 h Name of husband or wife Carrie Zelinka 6 e If alive, give age 7 Birth date of deceased ino day, yr Aug 4, 1881 If less than one day 8 AGE: Years Months Days 13 \_ 59 Balto.Md. 9. Birthplace 10. Usual Occupation Paper Hanger II Industry or business Whitely Co., 12 Name Vincent Zelinka 13 Burbula Czeckoslovakia 14 Maiden Name Unknown 5 15 Birthplace 16 la Informant wife Address 804 N. Glover St. 17 Burial Premate Premate Date thereof 11/20/39 (menth) (day) (year) Cemetery or crematory Balto. Cem. Location North & Rose St. 18 Funeral directionarles E. Schimunek. b) Address 2601-03 E. Medison St.

(a) State fled (1) County It foreign born, how long in U. S. A.) MEDICAL CERTIFICATION 20. DATE OF DEATH Maruher 16 1939, at 21. IHEREBY CERTIFY, That Itook charge of the remains described above, held an during thereon and from the evidence find that and deceased came obtained by said to Wedenth on the day stated above Duration Immediate cause of death Coronary or clession Other Conditions PHYSICIAN (Include pregnancy within I mouth of death Underline the Major findings B e to which Of operations death should be harged statis-Of autopay 22. If death was due to external causes, fill in the following Accident, suicide, or homicide (Le Date of occurrence Where did injury occur) (City or town (County) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) e Means of mjury/ Date signed /1/10.57

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	DEATH: e City, Marylai	no
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Length o	AME Baltim	7
	an, name war	(
h	5 Color or re	B C
Name.	of husband or	10'

8 AGE: Years Months

10. Urual Occupation II Industry or business

12 Name 13 Buthplace

14 Maiden Na 25 15 Binhplace

16 Informant 1 Address

14 Maiden Name

Barial cremetion or removal.

Cemetery or crematory

18 a Funeral director &

Address -au

or inst. yr , mos , or days

6 c If alde, give age

Date thereof //

3 C Social Security Acco No. leukenower

6 a Single, married, widowed

re vis mos, or days

divorced

7. Birth date of deceased mo, day yr lec 6, 1900

Days

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH \

2. USUAL RESIDENCE OF DECEASED:

a State , Med ( ) County ,	Zeryso
c) City or town (If out the city or town limit, write RU)	tAL and give towi
( ) E 40	
(If rural gree location	n.)
(e) If foreign born, how long in U. S. A.?	yea
	13 ~
MEDICAL CERTIFICATION	913p
20. DATE OF DEATH Sweether 17 195	/ at
above, held an Cutopy thereon and for the said to the death on the day stated above.	
Immediate cause of death	Duration
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Due to	
: Infected spurter	
Due to de glass, sorin, right	
Other Conditions	
(Include pregnancy within a months of death	PHYSICIA
Major findings:	Underline
Ot operations	ca to wh
	death should
Of autopsy	charged stat
22. If death was due to external causes, fill in the	following
Accident, suicide, or homicide Accident	E Allen
( Date of occurrence Want Dift.	1, 959
(c) Where did injury occur Derguan James	1 - 100
Wishing an P. ( (City or town) (C)	unty) (State
d Did injury occur about home, on farm, industri	. ! 4 a a
place? Mule at w	ork?
Means of injury securior of grand	7
23. Signature WHY was wift	M.
11 Acres 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

F 63031

## CERTIFICATE OF DEATH

591863031 Registered No.

eryland	A City or town Beltimore	and also town t
ls	(If outside city or town limits, write KUKSL	, and give town
yrs., mos., or days		years
nos, or days	(e) it foreign born, now long in C. 5 7 to	
(c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH   WHEN 17 1939	at ISE AM
Single, married, widowed, or sed Married (Sep)	21. I certify that death occurred on the date above state ed deceased from how. 17 19 39, to how.	17 19 39 .
Inknown	and that I last saw have on wow. 17 19	
If alive, give age years	Immediate cause of death	Duration
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lf less than one day hr min.	Due to	
Antonin po	Other Conditions	
wlu	(Include programmy within a months of death)  Major findings:  Of operations	PHYSICIAN
		death should be charged starts
lungary		rically.
te thereof 11-20-39  Whe decimes  ( religion)	(a) Accident, suicide, or homicide (b) Date of occurrence	place, in publick)  M. D.
	rs., mos., or days  A5 yrs.  C Social Security Account  No.  Single, married, widowed, or ed Married (Sep)  Inknown  If alive, give age vears  ?  If less than one day  hr min.  Ingary  City Hospitals  Ite thereof //- 20-39  Incoming that ite thereof //- 20-39  Incoming that ite incoming that ite incoming the incoming that ite incoming the incoming that ite incoming that ite incoming the incoming the incoming that ite incoming the incom	(c) Social Security Account  (d) Social Security Account  (d) Social Security Account  (e) If foreign born, how long in U. S. A.?  MEDICAL CERTIFICATION  20. DATE OF DEATH human 17 19 39  21. I certify that death occurred on the date above state ed deceased from how. 17 19 39, to how and that I last saw how alive on how. 17 19  Inknown  If alive, give age years  (if less than one day ht min.  Due to  Other Conditions  Other Conditions  Other Conditions  Of auropsy  Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  (e) Means of inpury  Means of inpury  (e) Means of inpury

2. USUAL RESIDENCE OF DECEASED:

	State 2 County	
	(If outside city or I was limits write RURAI	
	1301 Ianier Blyd.	, and give tewn)
1	Street No. 1301 Lanier Blvd. (If rural give location)	
h	If foreign born, how long in U. S. A.?	veats
	· ·	1
Th	omas Albert Fry)	X
	MEDICAL CERTIFICATION	
	20. DATE OF DEATH hovenly 17 1939	, at 9 55 M
9	21. IHEREBY CERTIFY, That Itook charge of the rem	
	above held an autofn thereon and from	
	(Autopay of Inutary)	
	obtained by said anti-bay find that said of to less death on the day stated above.	fecensed came
	to les death on the day stated above.	
	Immediate cause of death	Duration
	Preumonia, lobar	the.
	forly	7
	Due to	
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	Due to	
	Other Conditions Cardene failure,	
	acute congestive	PHYSICIAN
	Major findings:	Control in the
	Of operations	t'nder ine the
	,	deat hould be
	Of autopsy as allow	ti ally
8.	22. If death was due to external causes, fill in the fol	lowing
	(a) Accident, sucide, or homicide	
	(b) Date of occurrence	
	(Count (Count town)	y) (State)
	(d) Did injury occurabout home, on farm, industrial p	
	place? While at work	>
	(c) Means of injury	
	23. Signature H Z Wallemveler	M.D.
	Date signed how 17, 1939 Medical Examiner	

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F 63034 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) Baltimore City, Maryland (a) State M 306 N b) Street address C Hospital or institution: d Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 50 4 3 (a) FULL NAM! 3 (c) Social Security Account 3 b If veteran, name war 6 (a) Single, married, widowed, or 5. Color or race 4. Sex divorced. 6 b Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Nov If less than one day 8. AGE: Years Monthe 10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant b) Address b Date thereof 1/-17 (0) (c) Cemetery or crematory Mts Calvery Country Location Brooklyn, Belto Med 18 (a) Funeral director ms bharles & Barles

Registrar

BALTIMORE CITY HEALTH DEPARTMEN Registered No. CERTIFICATE OF DEATI

(b) County

e) If foreign born, how long in U. S. A.?	yea
MEDICAL CERTIFICATION	20
20. DATE OF DEATH NOV 14 193	9. ac. 12 P.1
21. I certify that death occurred on the date above at ed deceased from 1934, to North and that I last saw h was a large on North 13	
Immediate casso of death Chrismana Blother	Deration 3 12 Min
Due to	over
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Other Conditions Cardine Valuable Vislas 1 Vysliniting (Chinae) (Include presenting within 3 months of death)	PHYSICIAI
Major findings: Of operations	Underline to cause to whi death should charged stat
Of autopsy wow	tleally.
22. If death was due to external causes, fill in the (a) Accident, suicide, or hamicide	following:
(b) Date of occurrence	
	ounty) (State)
(d) Did injury occur about home, on farm, industri	
	Ofkr
(Specify type of place	

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	E OF DEATH:

#### BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATHY

	3	F	63	035
15	Reg	ristera	d No.	***************************************

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md . (b) County
1) Street address 1 and I be established ave	
(a) Manuful or institutions	(c) City or town Baltineare
John Hopkins Has Istal	Of the outside city or town limits, write RURAL and give town)
6	1 Street No. 926 h. Central ave
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in Baltimore (yts., mos., or days) Lough	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME Charles Colema	en en
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
World War No. 116798	20. DATE OF DEATH 400. 16 19 39 at 1 43 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Male Black divorced Married	ed deceased from 400. 1219,39, p 400. 161939.
6 (b) Name of husband or wife of Kene	and that I last saw him alive on 400.16 19 39.
6 (c) If alive, give age years	Immediate cause of death Dyration
	Sal madjand humerstoge 6days
Commence of the Commence of th	Cerebral hemanling e
	Due to
50 5 24 hr. min.	Due to
9. Birthplace Md.	
Town county, and state)	Due to
10. Causi Occupation	Other Conditions Agreetenouse cardis 9 years
11. Industry or business	Verener dilesse
12 Name Samuel Coleman	(Include pregnancy within 3 months of death)
13. Birthplace Thd	Major findings:  Of operations 1930 - port g adventuro tru cause to which death should be charged statis-
E 14. Maiden Name Nattu	charged statis-
15. Birthplace	Orantopey Cerulial hemalise tically.
Δ 1.	22. If death was due to external causes, fill in the following:
Tarigo mangred parapril	(a) Accident, suicide, or homicide
(b) Address AVESS TOPAIRS HOWEVER	(b) Date of occurrence
17 (a) (b) Date thereof 1/- 2 6 - 2 9 (month) (day) (year)	(c) Where did injury occur?
(Bulling, Crementon), or remember	(City or town) (County) (State)
( ) Commercy or arms	(d) Did injury occur about home, on farm, industrial place, in public
Location Baltimore, md	place? (Specify type of place)
18 (a) Funeral director mu lokas B. Poulu	(e) Means of injury
(b) Address 1421 9 African St	23 Signatura Clumbura
W Auditor 7.3	7.1 A 14 - 14 - 11 - 11 - 11 - 12 - 11 - 11 -
19 (a) Nate rec'd by registrar	Address Dote signed IV S

BALTIMORE CITY HEALTH DEPARTMENT F 63036 Registered No. CERTIFICATE OF DEATHV 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: Baltimore City, Maryland (b) Street address 820 hewington ave c City was 1900 to Hospita or institution. Birect No. 820 Newstern are d Length of stay in hospital or inst. yis, mos, or days e If foreign born, how long in U.S. A. e Length of stay in Baltimore vrs., mos., or days 20 BESSIE MILLER 3 a FULL NAME MEDICAL CERTIFICATION 3 e Social Security Account 3 b II veteran, name war 20. DATE OF DEATH hovember 18th 1939, at 10 al 21. IHEREBY CERTIFY, The thook charge of the remains described 5. Color or race 6 19 Single, married, widowod, or 4. Sex above, held an angusty thereon and from the evidence Fernal white 6 6 Name of husband or wire Beny & miller obtained by said surgery find that said deceased came 6 c Kalive, give age 60 years to her death on the day stated above 7. Birth date of deceased mo . day, yr Duration Immediate cause of death Il less than one day 8 AGE: Years Months Days Destes melleter 60 arteriorderons general Anseid 10. Usual Occupation House Wife 12 Nor Charles miller Other Conditions Jangers right for PHYSICIAN 13 Birthplace / grasid y within 3 months of death Major findings: 14 Maiden Name Minnie Gueolison Of operations me thath should be 2 15. Bribplace 16 1 Informan Austrand Of autopsy 22. If death was due to external causes, fill in the following M Address a Accident suicide, or homicide b Date thereof 11 -19-39 Date of occurrence Cemetery or crematory Rusedale Where did injury occur? (City or t wn) (d) Did injury occur about home, on farm, industrial place, in public · Location & hild Rd While at work? 18 (a) Funeral directorate Land (Specific pe of place) e Means of injury 23. Signature H LW allemeber M.D Date signed how 1844 1535

F 63036

13	COOPY
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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State | Landon (b) County (a) Baltimore City, Maryland (b) Street address If outside city or town limits, write RURAL and give town) (c) Hospital or institution: Street No. 7109 Paid Jackto a d) Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., moon or days) 5. 3 (a) FULL NAME MEDICAL CERTIFICATION 3 (c) Social Security Account 3 (b) If veterap, name war No. 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that I attend-6 (a) Single, married, widowed, or 5. Color or race 4. Sex ed deceased from 11/16 1939, to 11/18 1939 divorced. and that I last saw h & Ralive on 11 18 19 39 6 b Name of husband or wife years 6 (c) If alive, give age 7. Birth date of deceased mo., day, yr. If less than one day Months Years R. AGE: 9. Birthplace Due to (Town, county, and state) 10. Usual Occupation 11. Industry or business PHYSICIAN (Include pregnancy within 3 months of death) Underline the Major findings: ause to which Of operations leath should be harged statis-14. Maiden Name Of autopsy 15. Birthplace 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide b) Address (b) Date of occurrence. (c) Where did injury occur? (County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public (c) Cemetery of crematory While at work? (Specify type of place) (e) Means of injury 23. Signature Date signed 1 18 5

	BALTIMORE CITY H
63038	CERTIFICAT
1. PLACE OF DEATH:	
B. himore City Maryland	
(b) Street address Harfor / Ros	ed + Herring Run
Hospital organitution	Hospital
d Length of tay in hospital or in	et. VIS. mips 44 days 8. day
a Length of Lay in hospital of in-	29 month
(a) Length of stay in Baltimore (yr	s., m
3 (a) FULL NAME Danie	el" Copeland
3 b) If veteran, name war	3 c Social Security Account
J W II Veterali, name was	No.
4. Sex 5. Color or race 6	(a) Single, married, widowed, o
Male White	vorced. Single
11000	
6 (b) Name of husband or wife 6	c If alive, give age - year
7. Birth date of deceased mo, day	
8. AGE: Years Months Day	the state of the same of the s
1 5 9	hr mir
Baltin	we mayton
9. Birthplace (Te	iwn, county, and \$ 100
10. Usual Occupation	
11. Industry or business	
# 12. Name Louis	, Coppeland
13. Birthiplace Ball	Time no.
- Maria	
14. Maiden Name	a dustry
\$ 15. Birtlipluce 19 avu	inel, me.

#### 63038 EALTH DEPARTMENT E OF DEATH

Registered No.

The state of the s	
USUAL RESIDENCE OF DECEASED:	
State Mary and Consty	
City or town Dallimore	
filf outside city or town lights, write Kt. RAL	and give town)
Med No. 2304 Whillier	w
The state of the s	veals
If foreign born, how long in U. S. A.?	/
	/
MEDICAL CERTIFICATION	.145
O. DATE OF DEATH November 18 1939.	at 4 ZP.M.
1. I certify that death occurred on the date above states	d; that lattend-
d deceased from Not. 11 1939. 10 hos.	/ 19 .
nd that I last saw h alive on 19	
mmediate cause of death ,	Duration
uperoulous meningitis	ough
Due to Tylercle Bacillus	
Due to 14 Percle 136 Cilius	
Due to	
Other Conditions	
(Include pregram y within 3 months of death)	PHYSICIAN
Major findings:	t ad rin the
Of operations	cause to lich
Of autopsy ha autology	ti ally.
O. Ediopoly	
22. If death was due to external causes, fill in the fo	mowing:
(a) Accident, suicide, or homicide	
b Date of occurrence	
With the second state of the second s	
(c) Where did injury occur? (City or town) (Com	
(c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial	place, in publi
(c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  While at wor	place, in publi
(c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  (Specify type of place)	place, in publi
(c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  While at wor	place, in publi

(c) Cemetery or crematory MUS

h Date thereof

18 a Funeral director (b) Address

(Date rec'd by registrar)

VS 3

16 a Informant

BALTIMORE CITY HEAL	TH DEPARTMENT
CERTIFICATE	OF DEATH

Registered No.

63039 CE	ERTIFICATE OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State M. d. (b) County Gallo.
(b) Street address (c) Hospital or institution:  St Joseph's Hospital (d) Length of stay in hospital or inst. (yrs., mos., c) (e) Length of stay in Baltimore (yrs., rnos., or day	or days)   da Green No. 24 Portship Ad
	Stratman
3 (b) If veteran, name war   3 (c) Social   No. 212-	Security Account 09-1959 20. DATE OF DEATH 1 8 9 19 at 8 PM
4. Sex 5. Color or race 6 (a) Single, mar divorced.  Male White Man  6 (b) Name of husband or wife Errma	A State and that I last saw h Malive on 1   8 1939.
7. Birth date of deceased mo, day, yr. Marc	Immediate cause of death Halmorrhage  131,1887  than one day  min  min  min  classification  Due to key outerward to Outerio  acterotic Conditions and and outer  Characterotic Conditions Aybootatic  Characterotic Conditions Aybootatic  Characterotic Conditions Aybootatic  Major findings:  Of operations
15. Birthplace Letting  16 a Informatit Mrs. H. W.  16 Address 24 Partship Ad.  17 a Burial, cremation, or removal)  18 Cemetery or gematory Morela  Location Allo G. M.  18 a Funeral director F. Lassali  b) Address 7401 Belsin (	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence

2. USUAL RESIDENCE OF DECEASED: (a) State Med b County Baltimore 4 Suran No. 2.9/6 Ridgwood and e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 20. DATE OF DEATH 1900 19, 1939, 11 39 M 21. I certify that death occurred on the date above wated, that lattend and that I last saw h & alive on Hor 19 19 39. Immediate cause of death Defete susufficiency Due to Cente yellow atrophy Due to Phosphous poisoning Other Conditions PHYSICIAN eluclude pregnancy within 3 menths of death) Underline the Major findings: ane to which Of operations both should be charged statis-Of autopay not done 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide b) Date of occurrence 11 - 3 - 1939 (c) Where did injury occur? 2916 Readenvis ave. (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place? Jime While at work? (e) Means of injury or a Dis 2 anger look Rate 23. Signature WIDEN Date signed

Howard . Molder in.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



F 63041 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland 71 Bould 6.	(a) State M. (b) County	
Street madrite 4	(c) City or town Ballinia	
(c) Hospital or institution:	ill out the city or town limits write to been	
It Joseph Horpetol	M Street Not 41' M. Brown	ray.
d Length of stay in hospital or inst. (yes, mos, or days) X	O CONTRACTOR OF THE CONTRACTOR	
(e) Length of stay in Baltimore (yra, mos, or days) 2, 2	(e) If foreign horn, how long in U. S. A.?	years
3 (1) FULL NAME WILLIAM DRIV		
3 (b) It veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	35
No.	20. DATE OF DEATH hovember 18th 1939	, at 12 a.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the ren	
male white divored	above, held an (Autopsy or Inputy)	n the evidence
6 (b) Name of humbons or wit Martha a Driver	obtained by said antipoy find that said	deceased came
(Autopay or Inquity)		
7. Birth date of deceased mo, day, yt May 3 - 18 78	to he death on the day stated above.	
8 AGE: Years Months Days   If less than one day	Immediate cause of death	Duration
11 / 1/-	Caronary a celusion	
9. Birthplace Town, musty, and state	Due to arterioseleroses	
10. Usual Occupation Police . M	greevel	
11. Industry or business	Due to	
# 12 Name Robert M. Driver	Other Conditions	
13. Birthplace related	(Include or granty within I month of death	PHYSICIAN
# 14 Maiden Name Secreta Prys	Major findings:	Underline the
\$ 15. Birthplace Oreland	Of operations	deat should be
		charged state-
16 10 Informan Robert & Driver	Of autopsy	tically
Address /4/11 Soud St.	22. If death was due to external causes, fill in the fo	HOMINE.
17 Date thereof 1/-21-39.	39. (a) Accident, suicide, or homicide	
First remain or removal (month) (day) (year)		
(e) Cemetery or crematory	(c) Where did injury occur?	
Location Correcord Seorgia	(d) Did injury occur about home, on farm, industrial place, in public	
18 (a) Funeral directof Versetell & Humphrey	(Specif) type of place) While at work?	
b) Address /5-01 M. Broodway.	THE REAL PROPERTY OF THE PROPE	
Address SUM The Filly WA M.P.	Medical Examiner	
19 2 a 1972 Registrar	Date signed was 1811, 1735	
WY I'M PA YP PF		

## CERTIFICATE OF DEATH

Registered No. 042

The second secon	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) South Md. (b) County	
Baltimore City, Maryland b) Street address CA Rolline & Oliver St.	(1) State	
b) Street address (A Roline D. Wiver	(c) City or town 1381+1more	
c Figapita of institution.		I and give to was
St. Josephi Horp.	CSIPER NO. 1418 N. Mont 401	rd. Ave.
hamtel or inst lyre mos or days 4 day	2 (If rare kive compan)	
d Length of stay in hospital or inst. (yrs., mos., or days) 4 day	If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days) 46 year	e (c) it toteligh book as a se	
	Pd \	
INCHINA COURT	MEDICAL CERTIFICATION	
3 (b) If veteran, name war No.2 16-10-5291	~ 1/1	1 . at 4:/5 AM
( ) Single married widowed, o	r - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ted, that lattend
4. Sex 5. Color or race 6 (a) Single, married, widowed, of divorced.	ed deceased from Nov 14th 19 34, to Nov	v. 17 19 3 9
Myle White divorced MARRIED	and that I last saw h 1 m alive on Nov. 17	19 39.
6 16 Name of bushand or wife Mary Healy		Duration
6 c If alive, give age y year	Immediate cause of death  CARdial Decompensation	4 days
7. Birth date of deceased mo, day, yr. Oct 1941893	CAROLO PACOM PENSAFION	10.175
8. AGE: Years Months Days If less than one day	(At. Heart Foilure)	
	Due to Hypertensive CARdio -	
46 md	Voscular Disease	
'y Diffiplace	Due to Chaonie Nephritis	
10. Usual Occupation Roofing & Stating		
	Other Conditions	
* Idealy	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name James ruces	Major findings:	Underlinet
2 13 Birchiplace Md	Of operations	leath he d
14 Maiden Name Mary Kalfpenny		harged at
	Of autopsy	tienly,
F 12: 12:11:11:12:	22. If death was due to external causes, fill in the	following:
16 (a) Informant Mary Idealy	(a) Accident, suicide, or homicide	
Address 1718 T. Monthord Wet	D. of accurrence	
Date thereof / Lova !	137 Where did injury occur?	State
(molification) (day) (ye	City or town)	ial place, in pub
Cemetery or gremetory Balto Paliona	d Did injury occur about home, on farm, industr	work?
Location Fridrich Road	place? Specify type of place) White at v	
	2 Simon Sam Kelmer	noon
(b) Address / 701-03 N Patt Park are	23. Signature Harry Kelmer Address It Joseph's Hoppate	M. D.
ner a sure thating to followers Mile	Address Of Jacobs 1704 Date	aigned // //

CERTIFICATE, OF DEATH 2. USUAL RESIDENCE OF DECEASED: I PLACE OF DEATH: Baltimore City, Maryland N Patterson Park an (b) Street address 407 Hospital or institution. d Length of stay in hospital or inst. ym, mon, or days e If foreign born, how long in U.S.A.? Length of stay in Baltimore vrs. nies or days REISIG 3 FULL NAME JOHN MEDICAL CERTIFICATION 3 Social Security Account 20. DATE OF DEATH hovender 1752 1939, at 2 M 3 I It veteran, name war 21. IHEREBY CERTIFY, The Iltook charge of the remains described above, held an anti-bry thereon and from the evidence obtained by said autopay find that said deceased came 4. Sex dirone Wi dowed Elizabeth Reisig (Autopsy or Ind to his death on the day stated above 7. Birth date of deceased mo. day yr. Oef 5 Immediate cause of death nephrosclerosis, arteriof Months 8 AGE: Years Duo to arterioscleroses Balt. ned. o Buthplace Naker 10. Usual Occupation Produce 11 Industry or lus ness Christian Reisig Other Conditions cinclude pregnancy within 'month of death 13 Bulliplace Major findings 14 Marden Name Mary Boone Of operations gumany 5 15. Birhplace Ot autopsy as alone. Volm C. Reisig 22. If death was due to external causes, fill in the following 16 In ormans M Address 33 n. Glover & Accident, suicide, or homicide Zurial Date thereof (b) Date of occurrence Where did injuly occur? (Cly or town) (County) roly Redremer i Did injury occur about home, on farm, industrial place, in public Balto md While at work? (Specification of place) 18 10 Funeral director William Cook (e) Means of injury 23. Signature H. L. Wollemseher 1 Address 1219 St Pinel st Date signed www 174,1535 huting ton following 11.2

BALTIMORE CITY HEALTH DEPARTMENT /

63043

Registered No.

years

Duration

PHYSICIAN

Und rline the

en to which

dath had be

charred station

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH F 63044 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: 7 Corun ah An a State a Baltimore City, Maryland outside city or to fo limits, write RURAL and give town) (c) City or town Hospital or institution d Length of stay in hospital or inst. yrs., mos., or days years (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore yrs., mos., or days) winde? MEDICAL CERTIFICATION 3 a FULL NAME 3 c Social Security Account 20. DATE OF DEATH Nov 18 21. I certify that death occurred on the date above stated; that lattended deceased from June 1934, to and that I last saw h No Thee 18, 1939 Duration 6 h Name of husband as Immediate cause of death 6 c If alive, give age 5 yrs Carcianoma of Prostate 7. Birth date of deceased mo, day, yr. 14ay 20 - 1864 If less than one day Days Months 8 AGE: Years Due to 10. Usual Occupation Petrus Glass Myn Due to Other Conditions self PHYSICIAN 11 Industry or business (In lude progress within 3 months of death) E. Swindell t'inderline the Major findings: Balto teath should be Of operations harged tatt-14 Marden Nama Chinaleth No Of autorisy Batto ma 22. If death was due to external causes, fill in the following: 15 Birthplace Jomes R. Sevendell (a) Accident, suicide, or homicide b Date of occurrence b Date thereof Nov 20. 39 (c) Where did injury occur? it its or town) (County) d Did injury occur about home, on farm, industrial place, in public (c) Cemetery or cremator Tou don Park While at work? Location Fredericke Rook Secret party men 18 a Funeral director Wisciam Corte e) Means of inju 1) Address /217 St Paul 9 trut 23. Signature this of y who were of Date ree d by regularier

F 63044

F 63045

## CERTIFICATE OF DEATH

F 63045
Registered No.

PLACE OF DEATH:	2, USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	a State Mid b County
Street address	Balto
Hospital or institution: West Balto. Gent respital	and the tree it or town innit, write no have
	on Street No. 2836 N. Calvert J.
I Length of stay in hospital or inst. (yrs., mos., or days)	
Length of stay in Baltimore (yra, mos, or days) 50	e If foreign burn, how long in U. S. A.?
FULL NAME alberta F. Quart	MEDICAL GERTIFICATION
b If veteran, name war 3 c Social Security Account	MEDICAL GERTIFICATION  MEDICAL GERTIFICATION  1989. at 3 1/2 M
My No. MOME	ZU. DATE OF DEATH 2
Sex 5. Color or race 6 a Single, married, widowed, or divorced Wilowed	21. I certify that death a curred on the date above fated; that lattended deceased from 1957, to 1957.
Plant & Quant	ed decensed from 101/6 1957, to 107/8 1967, and that I last saw her alive on 107/8 1989.
6 /c If alive, give age years	
7. Birth date of deceased mo, day, yr July 28 871	Vente andrior
AGE: Years Months Days If less than one day	Corolary infarting
68 / 20 hr. min.	Peronan attrosclem 2 days
Babalas Annapolis ned.	Due to
Town, courty, and attack	Die to
10. Usual Occupation	Sther Condition of and left.
11. Industry or business	(Complete) heart factore, PHYSICIAN
12. Name Andrew Nayden	Major findings:
2 13. Birthplace Un Known	Of operations cause to which jeath should be
14. Maiden Name ann Zziler	al of the
15 Righplace Med.	Of autopay about te chellenge thealy.
16 a Informant Mas Emma C. Buch	22. If death was due to external causes, fill in the following:
16 Informant MAS Share non Drude	(a) Accident, suicide, or homicide
17 (a) Address 3023 Nac 200 11/2 39  17 (a) Date thereof (month) (day) (year)	(b) Date of occurrence
Charles of the particular of the control of the con	(c) Where did injury occur? (City or town) (County) (State)
Commeter of comments of the Olivet Cem	(d) Did injury occur about home, on farm, industrial place, in publi
Frederick Md	place? (Specify type of plant) While at work?
18 a Funeral director William Cook	(Specify type of prayer)
LIFE THE PART OF T	23. Signature
(h) Address	N. W N Date stone ON 18. C
19 (a) (Date rec'd by registrar) (b) (Date rec'd by registrar)	Address D. Date signed

1. 0

and legibly

Physicians, please write the causes

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	a Sine VA (b) County	
Baltimore City, Maryland	a) Sine V	
Street address	a by or town Alexandria (If o tside city or town limits, write RURA	L and give town)
Hospital or institution: JOHNS ROPKINS BOSPITAL	No 718 MONROE-ler	RACE
Length of stay in hospital or inst. yrs., mos., or days		years
Length of stay in Baltimore yrs., mos., or days	The following services	
BYRON Blaylock		
b) If veteran, name war	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV 18 1939	. at 535 M
No.		ed; that lattend-
Sex 5. Color or race 6 (a) Single, married, widowed, o divorced. Single	Nov / 8 1939 to NO	V [ 6 193 ] .
Male White divorced Single	and that I last saw h/M alive on NOV 18 1	939.
(b) Name of husband or wife		Duration
6 (c) It alive, give age	Immediate cause of death	
Birth date of deceased mo, day, yr Fely 3 1936	-	
AGE: Years Months Days Hess than one day	Due to Peringhitie ahrceas	-
3. 9 15 hr. mir	n. Ducto	_
Birthplace Hading ton (P. Le and state)	Due to	1
Pro-		
0. Usual Occupation	Other Conditions	
1. Industry or business	Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Le Roi Baylock	Major findings:	t'nderline the
13 Birthplace Ogden With	Of operations	death hould be
		harg d statis-
14 Maiden Naine Lights Johnson	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	following:
16 a Informant Records	(a) Accident, suicide, or homicide	
(h) Address	b) Date of occurrence	
17 a alexandria Va. 1 Date thereof Nov 19 19	38	ounty) (State)
(Burial, cremation, or removal) (month) (day) (	d Did injury occur about home, on farm, industr	
(c) Ceinetery or crematory alexandre Va	while at v	vork?
Location &     1	Specify type of place)	
18 (a) Funeral director L. Schlomin y Son	(e) Means of injury	
1 Address 1038 Hanover st.	23. Signature	M. D.
(A)	Address Balterine Date	signed 11/19
19 a Maddan Carlotte	2	

F 63048

# Kacprzak BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 048

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	a State / wryland County	
	City or town Bultimare	and kive town
Hospital or institution.	1821 Haugh	2 hut
	district No. 1831 Jough	
I the stay in hospital or inst. yrs., mos., or days	e If foreign born, how long in U. S. A.? 35	years
Length of stay in Baltimore yrs., mos., or days 35 72 us (	(e) If foreign born, now long in C. S. Lu.	
FULL NAME KACINTAM	TION TO A TION	
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	7 P
No.	20. DATE OF DEATH 100 17 1239	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	as the short death at curred on the date above water	ed; that lattend-
divorced.	ad deceased from 100, 1935 to 10	V.41 -
Nale white married Race	Carrie that I last saw ham alive on 200.17	39
to to Native Of Billioning Of Williams		Duration
7	Chr. Tufolistics / My our	aus.
7. Birth date of deceased mo. day, yr may 15 18		-
8 AGE: Years Months Days If less than one day	Due to	-
64 6 hr. mir	a. Duc to	
9 Birthplace Deland, and state	Due to	
	Praema	2 day
10. Usual Occupation davay	Other Condition	-
11. Industry or business	(Include pregnancy within 3 menths of death)	PHYSICIAN
12. Name Walenty Kachertak	Major findings:	Underline the
\$ 13. Biethplace Potand	Of operations	death head b
- Address - Addr		haryed see
14. Maiden Name Wiktarya  15. Birthplace  Paland	Of autopsy	tionly.
15. Birthplace	22. If death was due to external causes, fill in the	following:
16 a Informant 123 harry Kacfirsta	(a) Accident, suicide, or homicide	
1 Address 1831 Daugh Hrut	b) Date of occurrence	
17 (a) (month) (day) Aye	W1 ded mury occur)	lounty) State
I rial Cremation of Paris	d) Did injury occur about home, on farm, indust	The same of the sa
Cemetery or crematory Hory Nosury	While at	work?
Location Ealfinearl Carrierly	place? Specify to be of place	
18 (a) Funeral director from m Welly	(e) Means of injury	•
in a later the state	23. Signature	M. IX
(b) Address 401 0. Cruster 2	15 Cattle Day	signed 11/16
Registra	Address YOO V C	
183	Y .	

2. USUAL RESIDENCE OF DECEASED:

PLACE OF DEATH.		
Baltimore City, Maryland	(a) State W. V a (b) County	
Street address	Man Oan L.	
Hospital or institution:	(c) City or town Mor 9 an town	ve town)
JOHNS ROPKINS HOSPITAL	THE OUTSIDE CITY OF THE PROPERTY.	
30 5 000 0-0 000	v d) Street No. 725 Coss St.	
Length of stay in hospital or inst. (yrs., mos., or days, 17 days	(If rural give location)	
Length of stay in nospital of file.	1 1 1 1 1 1 1 CAN	years
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
a FULL NAME	4:	
Jeratino Jeratil	MEDICAL CERTIFICATION	
b) If veteran, name war 3 (c) Social Security Account	n n	0
No.	20. DATE OF DEATH how 19, 1939. at &	M
Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that	lattend-
divorced.	ed deceased from how 1419 39, to how 19	1939
nale white divorced sin gle	ed deceased from 100 (CV 1) 0 1, to 10 10 19	,
(b) Name of husband or wife	and that I last saw h imalive on how 19 19 39	
6 (c) If alive, give age years		aration
Birth date of deceased (mo., day, yr.)		
AGE: Years Months Days If less than one day	marcine + lune stensia	
HI hr min.	Due to Malignant hypertension	sel
	1	2/3/
Birthplace It a 1/ Town, county, and state)	Due to	
. / *		
0. Usual Occupation		
1. Industry or business Merchant	Other Conditions	
12. Name Nicolo Serafini	Include pregnancy within 8 months of death;	YSICIAN
		derline the
13. Birthplace Italy	Of operations	to which
14 Maiden Name 7 ela cita De Sontes	1 ath	ho ld he
	Of autopsy not obtained theal	ged statis-
15 Birthplace Italy		
6 a Informant Records	22. If death was due to external causes, fill in the following	g:
	(a) Accident, suicide, or homicide	
(h) Address A 10 101	(b) Date of occurrence	
17 ( Date thereof 92. 19, 193	/ Where did insure occur)	
lluria cremation or removal) (month) (day) (vent)	this to town,	(State)
Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place,	in public
Location Morgantown, 1990	place? While at work?	
/// /h 41. Ta / ///: A	(Specify type of place)	
18 (a) Funeral director of he C, Meteneuser	(e) Means of injury	
(b) Address I of or Estars Olore	23. Signature Washing Boron	M D
The state of the state of the state of the	Dissigned!	119/39
Registrary	Address 510 St. Vant 7. Date signed!	1, 11,

63050	CERTIFICATE
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address CARolin (c) Hospital or institution:  St. Josep	ie + Oliver
d Length of stay in hospital	or inst. (yrs., mos., or days) 3 days
Length of stay in Baltimore	
3 (b) If veteran, name war	3 (c) Social Security Account No. 6 (a) Single, married, widowed, or
Female White 6 10 Name of husband or wi	fe. 6 o If alive, give age years
O ACE Value Months	Days If less than one day
9. Birthplace Poland	hr min. (Town county, and state)
10. Usual Occupation 11. Industry or business	housework "
12. Name Ken 13. Birthplace Pol	and.
14 Maiden Name 15. Birthplace Pola	mknown
17 a 1 a 1 a	(month) (day) (year

Registrar

BALTIMORE CITY HEA CERTIFICATE	OF DEATH	0
Length of stay in hospital or inst. yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Bolding or town limits write RURAL  (d) Street No. 810 S. Linkood Ave  (d) Street No. 810 S. Linkood Ave  (e) If foreign born, how long in U. S. A.?	and give town)  C.  years
a) FULL NAME  E Canore (yrs., mos., or days)  (a) FULL NAME  E Canore Sobieski  (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 16 19 39	
Sex 5. Color or race 6 a Single, married, widowed, or divorced. Wildow  Married White Wildow  Married Widow  Midow  Birth date of deceased mo., day, yr. Nov. 1-1871	21. I certify that death occurred on the date above stated ed deceased from Nov. 14 1939, to Nov and that I last saw her alive on Nov. 16 19 Immediate cause of death.  Preumonia	76 19 37.
AGE: Years Months Days If less than one day  hr. min.  Birthplace Poland.  (Town county, and tate)  ROUSEWOODS.	Due to  Due to  Other Conditions Aurica En Fibrilletin	over
12. Name /Kemsha 13. Birthplace Poland.	Major findings: Of operations  Of autopsy	Underline the cause to whice death held he harged and tically.
15. Birthplace foland.  16 (a) Information of Particle (Mov. 20"19)  17 (a) Partial cremation of removal)  18 (a) Funeral director Stephend, Fulhowskii, N  18 (a) Funeral director Stephend, Fulhowskii, N  18 (a) Address 1000 S. Kenwood aux	22. If death was due to external causes, fill in the form (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  (Specify type of place)  (e) Means of injury  23. Signature  (A) A A A A Date of the form of the f	inty) (State) I place, in publ

VS 3

2	USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  Baltimore City, Maryland  Street address Wyman Paule Deuxe  Hospital or institution:	a) State W22T Vac. (h) County  C) City or town (If outside city or town limits, write RURAL and give town)  (If rural give location)
(a) FULL NAME  ROSCOE  HOOD  (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Providend 17, 1937, at 10-17. M
Morizon Fig. Sex 5. Color or race divorced. Married, widowed, or divorced. Married Mar	21. I certify that death occurred on the date above story 1937 ed deceased from August 8, 1939, to Kov 19, 1939 and that I last saw h we alive on Now 19, 1939.  Immediate cause of death  Palmanusy Tuber culous  9 houses  Due to  Due to
9 Birthplace  (Town, county, and state)  10. Usual Occupation  11. Industry or business  12. Name  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant  (b) Address  16. (Burial, cremation, or re-noval)  (c) Cemetery or crematory  Location  18. (a) Funeral director William  (b) Address  Total of Funeral director William  (c) Location  18. (a) Funeral director William  (c) Location  (d) Location  (e) Location  (formation of re-noval)  (e) Cemetery or crematory  (formation of re-noval)  (g) Cemetery or crematory  (g) Location  (h) Address  (h) Address  (h) Location  (h) Address  (h) Address  (h) Address  (h) Location  (h) Location	

F 63052

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Reguero 63052

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(4) State M.L. (b) County Jallot
(b) Street address Say Madaran & London	(a) State M. (b) County Allow
(c) Hospital or institution:	(c) City or town 1303 man
Maryland General Norpetal,	ilf outside city of own limits, write RURAL and give town
(d) Length of stay in hospital or inst. (yrs., mos., or days) //days	(If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME annie Richa	rdgan X.
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Maceuleur 19 1939, at 1253 P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
E W divorced.	ed deceased from Nav. E, 1929, to Nav 19 1939,
Land land	and that I last saw here alive on March 17, 1939.
6 b) Name of husband or wife Land. 6 c If alive, give age years	Immediate cause of death Belateral Duration
	branches cause of death of the commence 12 day
7. Birth date of deceased (mo., day, yr.) Let 28,1876	secondary 17 ma.
8. AGE: Years Months Days If less than one day	
63 1 1 hr. min.	Due to
9. Birthplace Maryland	
1 O was town, county, and state	Due to
10. Usual Occupation	as a si mara dial
11. Industry or business	Other Conditions Mars and and and
E 12. Name Justavia Stestilhey	clinclude pregnancy within 3 months of deuty
13 Birthplace Germany	Major findings: Underline the
• 0	Of operations cause to which death should be
14. Maiden Name	charged statis-
15. Birthplace	Of autopsy tically.
16 (a) Informant M. Carrol Sichardian	22. If death was due to external causes, fill in the following:
(b) Address Bozman. mayland.	(a) Accident, suicide, or homicide
	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory Boy man	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
Location Eastern store maryland.	place? While at work?
	(Specify type of place)
18 a Funeral director fory. T mutchell & South	(e) Means of injury.
(b) Address 1900 E stor Place	23. Signature 6. of reduces strustor 12.
19 (a) (b)	Address Me Seneral Holp bate signed (1/19/34
(Date rec'd by registrar) Registrar	Wagiess Life Andrew Clinica (1111)

VS 3

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	a State MA by County	
Baltimore City, Maryland		
Street address 609 Wiso my on Wind	(c) City or town City or town limits, write RURA	I. and give town)
Hospital or institution:	(If o stude 114 or town times, with	1.150
	4 Street Note Of I Was to gray to	n it vol
d Length of stay in hospital or inst. (yrs., mos., or days.)	1 1	
1) Length of the state of days X A	If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore yra, mos., or days		
s a FULL NAME I fate a Morein an	-	
- I Security Account		~ = ==
No.	20. DATE OF DEATH November 1 6149 8	7. at ZF M
4. Sex   5. Color or race (6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	ted; that lattend-
7 W divorced Willowe K	ed deceased from Nov 6 the 1939, to no	26
· · · · · · · · · · · · · · · · · · ·	and that I last saw h Calive on Nov 14 6	907
6 (b) Name of husband or wife to halve, give age years	the state of the s	Duration
10-	Immediate close of death Heart Foolen	16000
7 Birth date of deceased mo, day, yr.	1 1 1 1 1 1	_
8. AGE: Years Months Days	Due to be hirome neplinetes &	244.
00 6 00 1 hg	arlenouleurs	- fear
9. Birtiplace Sail Some county and state)	Due to	
( fown, tounty, and		
10. Usual Occupation	Other Conditions	_
11. Industry or business		PHYSICIAN
12. Name Likes one Villey	(Include pregnancy within 3 months of death)	Underline th
E A A A A A A A A A A A A A A A A A A A	Major findings:	cause to whic
	Of operations	leath should be
H 14. Maiden Name South flock	Of automore	tically.
15. Birthplace	Of autopsy  22. If death was due to external causes, fill in the	following:
- Athron	22. If death was due to external causes, in the	
10 11 11 11 11 11	(a) Accident, suicide, or homicide	
1) Address 601 Flat Mary Con 1	(b) Date of occurrence	
17 a (b Date thereof (month) (day) (yeu	(c) Where did injury occur? (City or town) (C	cunty) (Sinte)
(Burial, cremation, or removal) (month) (any) (year	(d) Did injury occur about home, on farm, industr	ial place, in publ
(c) Cemetery or crematory	While at v	vork?
Location Services	(Specify type of piace)	
18 (a) Funeral director . See	23. Signature Servelton Address 904 Gumon Bal Date	
(4) Address Julotu Wyr	23. Signature	M. 8.
(b) (c)	Address 90 4 Junion Impate	signed
Registrar	H Adolese 1 01	

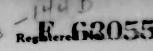
F	6305
=	PLACE OF DEAT

#### CERTIFICATE OF DEATH

92- Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State and (b) County	
(b) Street address 1643 Hanover	(a) State (b) County	-
(c) Hospital or institution:	(c) City or town Ballo, mol	
	obtaide city or town limits, write RU	RAL and give town
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 1640 Hanover	0
11/4	The same of the sa	on,
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME hellie murray		
3 (b) If veteran, name war 3 (c) Social Security Acount		100.m
No.		99. at 199M
4. Sex 5. Color or ace 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above s	tated; that lattend-
finde white harried	ed deceased www 4 199 , wall	. 1/1
6 (b) Name of husband or wife White Y. Murray	and that I last saw h & alive on Mer 19	19 3.9.
(c) If alive, give age 60 Years	Immediate cause of death	Duration
7. Birth date of deceased mo., day, yr.) augs. 1782	Bolone at 10,1	
8. ACE: Years Months Days If less than one day	win apopung.	
57 3 16 hr. min.	Due to	and the second
9. Birthplace Batto md		
Town, county, and state	Due te	
10. Usual Occupation 11. Industry or business	Other Condition words	
a Daniel	Thoulas Euro cardite	~
12. Name Damsell Jones	Include pregnancy within 3 months of death;	PHYSICIAN
13. Birthplace Dallo, md	Major findings:	Underline the
# 14. Maiden Name arch Sedman	Of operationa	death should be
15. Birthplace c Batter and	Of autopsy	charged statis- tically.
MILLA Maria M. Wilkhau	22. If death was due to external causes, fill in the	
(b) Address 1643 Hanover	(a) Accident, suicide, or homicide	The state of the s
	(b) Date of occurrence	••
(Burial, cremation, or removal) (month) (year)	(c) Where did injury occur?	
(c) Cometery or crematory hathedral len.	(d) Did injury occur about home, on farm, industri	iel place in public
Location Dalto, mary do	place? While at w	
18 (a) Funeral director Margaret J. Hynn)	(Specify type of place)	4
What Walth all	(e) Means of injury	
(b) Address 17 La Myn 100	23. Signature	L.D.
19 (a) (b) Date rec'd by registrar:	Address 337 S. Clearle Honte	oigned 14 34
Was 5 () 4035	()	1111

VS 3



63055 CERTIFICATE	OF DEATH/IFF	
	2. USUAL RESIDENCE OF DECEASED: (a) State Mo. b) County Bull.	5
b) Street address Colver	(c) City or town Balfissor College RURAL a	nd give town)
Marco + Hospital	d Street No. 17 Mel rose AVC.	
(e) Length of stay in hospital or inst. (yrs., mos., or days) 7 hoers (e) Length of stay in Baltimore (yrs., mos., or days) 8 years	(e) If foreign born, how long in U. S. A.?	years
3 a) FULL NAME	MEDICAL CERTIFICATION	
3 (a) Folk Rame  Ry 2 7  3 (b) If veteran, name war  No.	Nov 18 1939.	at 10:40 AN
4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above that	18 1939
6 b Name of husband or wife Thomas Ryon 6 co If alive, give age years	and that I last saw her alive on the	Duration
- 1 decreed mo day, y Hariel 11 1907	Ectopic Pregnont	3-4 day
8. AGE: Years Months Days / Heart min.	Due to Tubal Preynancy	
9. Birthplace Charles tor Co. Va. (Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	PHYSICIA
11. Industry or business  12. Name Jack Bradby.	(Include pregnancy within 3 months of death) Major findings:	Underline
2 13. Birthpluce Charles Co.	Of operations	death should charged sta
14. Maiden Name	Of autopsy Reptored Tabel Pregnancy  22. If death was due to external causes, fill in the f	ollowing:
15. Birthplace Chash ton Co., 16 (a) Informant I homas By an.	(a) Accident, suicide, or homicide	
b Address 17 Museus 11-23-19	(b) Date of occurrence	minty) (Stat
(d) Russal cromation, or removal)	(d) Did injury occur about home, on farm, industria	ork?
Location Bally 60. md	place? (Specify type of place)	
18 (a) Funeral director 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(e) Means of injury Thomas Sefle	M. I
(b) Address 2   171, 20200 ) Registrer	Address Mercy Hospild Date	eigned

F 630561

# BALTIMORE CITY HEALTH DEPARTMENT 3 Respect 19056 CERTIFICATE OF DEATH 53 Respect 19056

	Z. USUAL RESIDENCE
PLACE OF DEATH: ) Baltimore City, Maryland	(a) State Marylandh) County
Street address 4940 Estern Avenue Hospital or institution: Baltimore City Hospitals	c City or wen Baltimore (If outside city or town limits, write RURAL and give town) (If outside city or town limits, write RURAL and give town) (If rural give location)
d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.  (e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.	(e) If foreign born, how long in U. S. A.?
MORROE Whate  Morroe Whate  3 (c) Social Security Account  No. 218-09-3463	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	20. DATE OF DEATH  21. I certify that death occurred on the date above stated; that I attended deceased from (1 5 193), to (1 193)  and that I last saw h/ m alive on (1 193)  Duration
6 (b) Name of husband or wife Mary L. White years	The state of the s
7. Birth date of deceased (mo., day, yr.) March 2, 1872 8. AGE: Years Months Days If less than one day 67 8 16 hr. min	Director
9. Birthplace S. C. (Town, county, and state) 10. Usual Occupation Junitur 11. Industry or business Fidelity Ins. Co.  12. Name James White (d) 13. Birthplace S. C.	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Of operations
14. Maiden Name Laura? (d)  15. Birthplace  16 (a) Informant Records  (b) Address Baltimore City Horpitals  17 (a) Burnal (b) Date thereof // - 2/ - 23  (Burial, cremation, or removal)  (Cemetery of germators W.) Surviva. (c)  Location Bullians Surviva. Hermatical directors array (b) Address Survival. Hermatical directors array (b) Address Survival (b) Address Survival (c)  (Date rec'd by matter)	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in property (Specify type of place)  (e) Means of injury  23. Signature  Address  Selfo City When Date signed levels

F	63057

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BRogistered No.

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maxyland	a State WA 1 County	
b) Street address Pro. Stad st Providut		
Hoportal or institution:	(c) City or town Dalling (If outside ity or town limits, write RURA	L and give town)
Mapulal	11 Serell No. /215 Madeson	Cen
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 d FULL NAME horman Uncles		
S I S THE ACCOUNT	MEDICAL CERTIFICATION	
3 b If veteran, name war Social Security Account	20. DATE OF DEATH Nacueta, 6 19 3	7. m1/34M
4 Sex 5 Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTILY, That Itook charge of the re	
de divorced MANA		
	above, held an Alling thereon and fro	
6 (b) Name of husband or wife Maud Unclus	obtained by said (Antopsy or Inquiry)	decensed came
6 c) If alive, give age years	to he death on the day stated above	
7. Birth date of deceased mo. day, yr. Oct. 30, 1579	Immediate cause of death	Duration
8 AGE: Years Months Days If less than one day		
62 hr. min.	Cornery orcheseen	
9. Birthplace Baltimne Ind	Due to	
Wh. whiv. and since	Lucto	
10. Usual Occupation Startu	Due to	
11. Industry or ba ness	1700 10	
12 Name Lorenzo Uncles	Other Conditions	
12 Name 1 Journal of School	Continuous	MINCICIAN
13. Birthplace 0 md.	(Include ir gnancy within 3 months of death	PHYSICIAN
14 Maiden Name Myra Buchawaw	Major findings:	Underline th
14. Maiden Name Myra Buchawaw 15. Birthplace  Md	Of operations	death should be
1) Burthplace	0/	charged statis
16 to lesormant Mor man B. Uneles Jr	Of autopsy	fully
Address 1005 Harlern CW.	22. If death was due to external causes, fill in the	Intowing
1 NW 201939	(a) Accident, suicide, or homicide	
(month) (day) year,		
Cemetery of cremetor My Calvon, Com.	(c) Where did injury occur? (City or town) (Co	untyl (State)
a. a. 60. md/,	(1) Did injury occur about home, on farm, inclustri	
18 10) Funeral director of Trances a. Herrila	place) While at w	ork)
Eng Mi Biddle At	(c) Means of mjury	
(b) Address & 10 151. 15 week for	23. Signature Medical t xami	M.I
19 (a) Registrar	Date signed ////6/37	
I am q h. lak n., tut.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
0: M 1 1	(a) State. Muly County	
94. 1 kenst aten		me It.
c) Hospital or inspitution:	(if outside city or town limits, write RUR	L and give town)
Hospital or inspitution:  As. Agnes Hospital	10 make Grant	museum
	(d) Street No. / If rural give location	Hamel
d Length of stay in hospital or inst. (yrs., mos., or days)	Washing hour hour long in U.S.A.)	years
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Jose 9 felliam	ahlragen	
3 h) If veteran, name war 3 (c) Social Security Accoun	MEDICAL CERTIFICATION	P
No.	20. DATE OF DEATH //-/8 193	9. at 9 05 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, o	21. I certify that death occurred on the date above sta	ted; that lattend-
male Heute divorced Jungle	ed deceased from 10 - 2 6 193 9 to 11	-/ 8 1967.
6 b Name of husband or wife	and that I last saw been alive on //-/ 8	19 39.
6 (c) If alive, give age year	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Quy 10-186	1 Benign Prostatic Months	4
8 AGE: Years   Months   Days   If less than one day	Temple arterib school	<b>y</b>
27 3 0 hr. min	Due to Lyste	
9. Birthplace Baltimore, md	0	
5. Dittiplace	Due to	
10. Usual Occupation	Other Conditions	
11. Industry or business		PHYSICIAN
12. Name Upn ahlsteger	(Include pregnancy within 3 months of death)	
3 13. Birthplace Md.	Major findings:  Of operations	Underline the
14. Maiden Name Rebecca High		death should be
	Of autopsy	tically.
15. Birthplace Dalling Inc	22. If death was due to external causes, fill in the	following:
16 (a) Informant Mu E. R High	(a) Accident, suicide, or homicide	
(b) Address 4/07 (2000 Hurs)	(b) Date of occurrence	- il
17 (a) Buriel (b) Date thereof Nov 2073	7   With the line occurs	ounty) (State)
(Burial, cremation, or removal)	Qid injury occur about home, on farm, industri	
Lecation Frederick Rood Bellius	While at w	ork?
00 2	(Specify) of place)	
18 (a) Funeral director Res 6.	(e) Means of injur	1
(h) Address Sol Maares 20 Ca	23. Signature	NA HA
19 (a) 19 (a)	Address ST. Janes / Spite Date	nigned // ///
Date me'd by registrar	0 1	1
VS 8		

# BALTIMORE CITY HEALTH DEPARTMENT / 9 CERTIFICATE OF DEATH / 9 2. USUAL RESIDENCE OF DECEASED:

4970F 63059 Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland		(a) State Wryland (b) County	
b) Street address Baltimore.	Maryland	(c) City of town Baltimore (c) City of town limits, write RURA	L and give town)
and the state of t		Silf outside city of town in	
Pal timore City Pos	11818	A speet No. 1115 Vale St.	
(d) Length of stay in hospital or ins	L (yrs., mos., or days) 18 day	(e) If foreign born, how long in U. S. A.?	years
(c) Length of stay in Baltimore (yre	., mos., or days) life	(e) It toreign born, now long in the	1
3 (a) FULL NAME Be by Bos	Heas	MEDICAL CERTIFICATION	
3 (b) If veteran, name war	3 (c) Social Security Account No.	- DATE OF DEATH 11/19 /39 19	, at /3 / /2M
di di	(a) Single, married, widowed, or vorced.	21. I certify that death occurred on the date above sta	1
Aust _do M		and that I last saw h / n alive on "//9/39	Duration
6 b Name of husband or wife	c If alive, give age years	Immediate cause of death	Destion
	and the same of th	0	-
7. Birth date of deceased mo., day	y, yr) 10-31-39	O semulanty ,	
8. AGE: Years Months Day	17 less than one on	Due to (28 ducha)	
9. Birthplace  10. Usual Occupation  11. Industry or business  12. Name Conned Has	own, county, and state)	Other Conditions  Clinclude pregnancy within 3 months of death)  Major findings:	PHYSICIAN Underline the
13. Birthplace	Md.	Of operations	leath should be
	de Crais		charged statis-
14 Maiden Name 1/8 11	20 9.4.0	Of autopsy	tically.
15. Birthplace	? a.	22. If death was due to external causes, fill in the	following:
16 a Informant haccrus		(a) Accident, suicide, or homicide	**
	City Hospitals		
	(b) Date thereof 11-20-3	7 (6) Date of occur?	
17 (a) X (Burial, cremation, or remova	m + Parmel (month) (day) (yes	Did injury occur about home, on farm, indust	rial place, in publi
C Cemetery or cremetory	1 De la como	While at	work?
Location Oolong	ele	place? (Specify type of place)	
	- Linda	(e) Means of injury	
18 (a) Funeral director	Aughan At	23. Signature 4. Share Dace	M. D.
(b) Address Co. 17		x # 1'+ bear	signed //-15
100	The fire guilty had	Address Dello Com 10 2000	
19 (a)	Kekistan		
	10.		

St., Ward)	a hospital or institution, give its NAME instead of street and number.)
monds. How long in U. S. If of f	oreign birth yre mon de.  If U. S. Veteran apecify WAR
Tr. St., Ward.	dent give city or town and State)
MEDICAL CERTIFI	CATE OF DEATH
21. DATE OF DEATH (menth, day,  22. I HEREBY CERTIFY,  //-/3 - 3 9, 19, t  I last saw have live on //-/  to have occurred on the date stated ab  The principal cause of death and related	7-39 19 Death in said
Cerebral Hou	Description
Other contributors cause ( importance:	
Hypertenuis Car Was an operation performed?	Liste
For what disease or injury?	
Name of operation	and a
What test confirmed diagnosis? Ch.  23. If death was due to external can lowing: Accident, suicide, or homicide?	
Specify whether injury occurred in	fy city or town, county, and State) industry, in homa, or in public
Manner of injury	
Nature of injury	nga co refere o general ng hada co backasanahan ay co conservador ng
24. Was disease or injury in any way	
(Signed) CIT	Maloney , x. a.
(Address) PAA	redent No.

(If death occurred in

	V /	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF PECEASED:	
	(a) State Med (b) County	
Baltimore City, Maryland Wort Read A, 318 Um	1 11	
Hopital or institution:	(c) City or town Dalla Wish (If out ide city or town limits, write RURA	L and give town)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
the last two most or days	otres No. 21 8 (If rural give location)	
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., moa., or days)	Ter it to eight both, not tong to	
3 (a) FULL NAME Nann		
seven runn	MEDICAL CERTIFICATION	lasly
3 b) If veteran, name war  No. 2/707-7839		A 1
	LO. DATE OF BUILTING	
4. Sex 5 Color or race 6 1 Single, married, widowed, or		mains described
m C more grand	above, held an (Autossy or Inquery) thereon and from	m the evidence
6 (b) Name of husband or wife / Mary	obtained by said find that said	deceased came
6 c If alive, give age years	( Autop y or Inquiry)	
1071	death on the day stated above.	
7. Entitle trace of the	Immediate cause of death	Duration
AGE:	1	
57,3 hr min	Cornery orchesia	-
9 Birthplace M. C	Due to	-
9 Birthplace Town, county, and state)		
10. Usus Occupation Cavor	Due to	
11. Industry or husiness		
12 Name Sam New	Other Conditions	
		PHYSICIAN
2 13 Birthplace	(Include pregnancy within 3 months of death)	Underline the
# 14. Maiden Name unknown	Major findings: Of operations	cause to which
15. Birthplace		death should be
	Of autopsy	charged status-
16 (a) Informant Mary Nun	22. If death was due to external causes, fill in the	following
(b) Address 218 Glad st.		
1 Detathered 11 -22-	39 (a) Accident, suicide, or homicide	
17 (d) (minth) (day) (year	(b) Date of occurrence	
Cemetery or crematory Durham		unty) (State)
n. Callina	(d) Did injury occur about home, on farm, industria	al place, in public
Location (14 a. M. Lands	place? While at w	ork?
18 (a) Funeral director Warry was	(6) Means of injury,	
Address 9/8 Dunastillare.	MANNI MILLIAM	M.D
Address 1 1 0	23. Signature Medical Fearmi	ner
19 (a) Registrar	Date signed 1/1727	

w

To midually my

(Signed) ...

...... If no specify

NOV 20 1939

26. 111 111

HEALTH DEPARTMENT—CITY OF BALTIMONE 63063 CERTIFICATE OF DEATH Sinas Rossital Registered No. 1. PLACE OF DEATH (If death occurred in a hospital ar institution, give its NAME instead CITY OF BALTIMORE: (No. manufest & Kuttande SIS of street and number.) Laugth of residence in city or town where death occurred yes, 6 months da. How long in U.S. If of foreign birth "\_\_yrs, \_\_mon\_\_ ds. If U. S. Veteran 2 FULL NAME GEORGE LICCLERY apenify WAR (a) Residence: No. 4 38 N. Pallerson (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS . 19 39 5, Single, Married, Widowed, or Divorced (write the word) 21. HATE OF DEATH (month, day, year) You. 18 3. SEX 4. Color or Race I HEREBY CERTIFY, That I attended deceased from angue . 1939, to Now 18\_ Sa. If ma ie widwed, or diverse, I last saw h. bm alive on Mod 18 ...., 1939. Death is said HUSHAND of (or) WIFE of to have occurred on the date stated above, at LO. Am. 6. DATE OF BIRTH (month, day, year which The principal cause of death and related causes of if LESS than Date of eneet Months importance were as follows. I day ......hra. min acute 9 yelvenzal maningitis MAU 14/39 h. I mile profession, or particular him of work done, as spinner, anwyer, bookkeeper, etc. 5 I due er or business in which work an done, as ask mill, Other contributors cause of importance any mill, bank, etc. P40/3/ 11. Total time (years) 10. Into deceased last worked at all al promoppeumonia spent in this the cupation (morth and occupation Was an operation performed To 12 HERTHILACE feity or town? (State or country) For what disease or injury? -13 NAME Name of operation What test confirmed diagrams? Culture Was there an autopay? Tes 14, BIRTHPLACE (city or town 23. If death was due to external causes (violence) fill in also the fol-(Since of country) lewing: Accident, suicide, or homicide? ...... Pate of injury..... 15. MAIDEN NAME 16 BIRTHPLACE (city or town) Balterness Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public State or country) Wooling Manner of injury IN BURBAL, CREMATION, OR REMOVAL Nature of injury Ballman m 24. Was disease or injury in any way related to occupation of deceased? 19. INDERTAKER John 11 we specify 13 L B S 20. 1179 to

2. USUAL RESIDENCE OF DECEASED: a) State DELAWARE (b) County

F 63064	CERTIFICATE
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address City (c) Hospital or institution	reesty Hosportal
(d) Length of stay in hospital o	yrs, mos, or days 12
3 (a) FULL NAME WILL!	
3 (h) If veteran, name war	3 (c) Social Security Account No 221-10-09) * 6 (a) Single, married, widowed, or divorced Manual
6 16 Name of husband or wife	Mand Kank 6 c If alive, give age 69 years day, yr 5,29-1870
	2/10 hr. min.  Phelance of
10. Usual Occupation 21.	
12. Name Robert 2 13. Britiplace Del	airare
14 Maiden Name Ju	lia Tranami
16 (a) Informant Ary	led Buch
Gernetery or crematory	I and And Well
Location Slead	John Illrid-
b Address 2008	Isleans or

d Street No.	ive la ation)
e) If foreign born, how long in U. S. A.?	years
	7
	V
MEDICAL CERTIFIC	CATION
20. DATE OF DEATH NOV 19	19 35 , at 6:30 P.M
as I well shot death occurred on the date	e above stated; that lattend
ad deceased from Out 9 1939	, to 2017 19 37
and that I last saw h /m alive on 2	V19 19 39.
	Duration
Immediate cause of death Hypostatic Pracum	onia k ?
Cardiae failure	
Due to artenoselevola Carde	in Vace.
Due to wassers and	timber
disease « Condias Hy mel	7.6
Due to Semlet	
0 .11 3	
Other Conditions Possible Brown	relyanie
Other Conditions Possible Bron Carenous or Covery Storm	DUVSICIAN
Include pregnancy within a months of	PHYSICIAN
Include pregnancy within a months of Major findings:	PHYSICIAN
Include pregnancy within a months of	PHYSICIAN  to rise the state of
Include pregnancy within a months of Major findings: Of operations	PHYSICIAN  to a rime the state of the state
Include pread by within a month of Major findings: Of operations Of autopsy	PHYSICIAN  Under in the case to while the shell be heard of the case of the ca
Include pregn my within a month of Major findings: Of operations  Of autopsy  22. If death was due to external causes,	PHYSICIAN  Under in the case to while the shell be heard of the case of the ca
Include pregnancy within a months of Major findings: Of operations Of autopsy	PHYSICIAN  Under line the country where the state to the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country was a state of the country where the country was a state of the country w
Of autopsy  22. It death was due to external causes, (a) Accident, suicide, or homicide	PHYSICIAN  Under line the country where the state to the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country where the country was a state of the country was a state of the country where the country was a state of the country w
Of autopsy  22. If death was due to external causes,  (a) Accident, suicide, or homicide  b) Date of occurrence	PHYSICIAN  Latering the country who leads he stall hard detail the following:
Include pregnency within a month of Major findings: Of operations  Of autopsy  22. If death was due to external causes, (a) Accident, suicide, or homicide  b) Date of occurrence c) Where did injury occur?	PHYSICIAN  Underline the country while an about 1 harry default the following:
Include pregnency within a months of Major findings: Of operations  Of autopsy  22. If death was due to external causes, (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm	fill in the following:  PHYSICIAN  Unit in the fall in the hand th
Include pregnency within a months of Major findings: Of operations  Of autopsy  22. If death was due to external causes, (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farmalese	PHYSICIAN  Underline the country while the should be hard of the feeling.  full in the following:
Include pread may within a month of Major findings: Of operations  Of autopsy  22. It death was due to external causes, (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did tnjury occur? (d) Did injury occur about home, on fare place?  (a) City of the place?	fill in the following:  Wen) County States m, industrial place, in public work?
Include pregnancy within a month of Major findings: Of operations  Of autopsy  22. If death was due to external causes, (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did tnjury occur? (d) Did injury occur about home, on fare place?  (a) City of the place?	fill in the following:  Wen) County States m, industrial place, in public work?
Include pregnency within a months of Major findings: Of operations  Of autopsy  22. If death was due to external causes, (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farmalese	fill in the following:  ( death  ( deat

HEALTH DEPARTMENT—CITY OF BALTIMORE 63065 CERTIFICATE OF DEATH Registered No..... (1f death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. Length of residence in clay or jown where don'th occurred. H U. S. Veteran specify WAR 2. FULL NAME (If non-resident give city or town and State) (a) Residence: No... (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, r Diversed (write the word) 21. DATE OF DEATH (menth, day, year) CERTIFY, That I attended deceased Marriet 3 9, 19. Sa. If married, widewed, or diverged HISBAND of (or) WIFE of to have occurred on the date stated above, at. The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of erest If LESS then Days oucho premiona Months Yeare 7. AGE I day ..... hrs. h. Trude, profession, or particular kind of work done, as spinner, lerasi sawyer, bookkeeper, etc.. 3. Industry or business in which work was done, as all mill, saw mill, bank, etc. 11. Total time (years) In. Date deceased last worked at this occupation (month and oncupation ... venri Was an operation performed? 12. HIRTHI'LACE (ety or town) (Mate or country) For what dhome or tojury? June Name of operation 18. NAME Was there an autopsy? We 14. MIRTHPLACE (city or town) & Dichester What test confirmed diagnosis?.... 23. If death was due to external enurse (violence) till in also the fol-(State or country) lowing: Accident, suicide, or homicide?..... ... Inte of injury ... 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in base, or in public 16. HIRTHPLACE (city or town) (State or country) 1. INFORMANT Margare Manner of injury (Address) 7 18. BI RIAL, CREMATION, OR REMOVAL Nature of injury 24. Was discuse or injury in any way related to occupation of deceased? 19. UNDERTAKER JOHN, 26. F11.FID

## CERTIFICATE OF DEATH

F 63066 BRegistered No.

	A commission of the second sec	
ALLER OR APLTU	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland	a) State Md . (b) County	
1010 Paramore City, Walyland	a) State 1/ the	
(b) Street address 1912 Ram say St.	(c) City or town Baltimore City (If out ide city or town limits, write B.R.A.	t and mus town)
(c) Hospital or institution:	(If out ide city or town limits, write to RA.	L, and kive town)
	Street No. 1912 Ramany St.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	If right give location)	
	(e) If foreign born, how long in U. S. A.?	- years
(c) Length of stay in Baltimore (yra. mos., or days) Luft.		
3 (2) FULL NAME Minnie Williams	MEDICAL CERTIFICATION	
3 b) If veteran, name war 3 c) Social Security Account	MEDICAL CERTIFICATION	2 50 P.
none No. none	20. DATE OF DEATH NOV. 16th: 1939	, at 3.30 M
6 (a) Single married, widowed, or	21 1 - and what death occurred on the date above state	ed; that lattend-
divorced )	ad deceased from TW. 19 3 910 Mm	1. 16 19 5%.
Hemale White Harry C. Williams.	and that I last saw he salive on Mar 16 1	9 3 9.
I have at husband of Wile	Immediate cause of death	Duration
O (L) It Mine! Sine ale		2 2000
7. Birth date of deceased mo., day, yr. February 19-1886	typar a disease	
8. AGE: Years Months Days If less than one day	- wacerton	
53 8 28 hr. min	Due to	
By md.		
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation Housewife I go	+ turarie	2 day
11. Industry or business	Other Conditions	- Investor A N
	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Locam punning	Major findings:	Underline the
2 13 Birthplace Jermany;	Of operations	death should be
14 Maiden Name Caroline Hinkel		charged statis-
E 14. Mariden 1 4.	Of autopsy	tically
15. Birthplace	22. If death was due to external causes, fill in the	following:
16 (a) Informant Mrs. Margaret Sury.	(a) Accident, suicide, or homicide	
1912 Framship Of 1 U.		
17 (a) Burial . (b) Date the reof hov. 20 39	(c) Where did injury occur?	
(Rosela (Preparities, Of Printers, 1)	(ity or tiwn) (Co	unty) (State)
(c) Cemetery or crematory Loudon fark.	d Did injury occur about home, on farm, industria	t piace, in public
Batter no - md.	place? While at we (Specify type of place)	OTK?
DI- Part Ochwal:		
18 (a) Funeral director Charles (18)	(e) Means of injury	er-
MAddress 505 N. Morrose St.	23. Signature	M. D.
My of the state of	Address of the Allens Date &	igned 42. 5 2
19 (a) Registrar Registrar	70.73	

63067

# CERTIFICATE OF DEATH

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address (c) Hospital or institution: (c) Hospital or institution: (d) Angulator for the following	a State A County  C) City town Selection town limits, write RURAL.	and give town)
d Length of stay in hospital or inst. (yrs., mos., or days) 6 days  (e) Length of stay in Baltimore (yrs., mos., or days) 50 Years	(If ruradave location)  (If ruradave location)  (If foreign born, how long in U. S. A.?	year•
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security Account No. 2-2-03-7000	MEDICAL CERTIFICATION  20. DATE OF DEATH RANGE 181937	) 55p
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced farried  6 (b) Name of husband or wild clissa A. Rigney  6 (c) If alive, give age years	above, held an (Autopsy of Inquiry)  obtained by said Autopsy of Inquiry)  find that said of Autopsy of Inquiry)	n the evidence
7. Birth date of deceased mo, day, yr January 25th 1875  8. AGE: Years Months Days If less than one day  9. Birthplace liddletown, Md.  10. Usual Occupation Stone Setter	Immediate cause of death	Duration
11. Industry or business merble  12. Name Unknown  13. Birthplace Maryland  14. Maiden NameUnknown  15. Birthplace Laryland	Other Conditions  (Include pregnancy within 8 months of death)  Major findings:  Of operations  Of autopsy	PHYSICIAN  t'nderline the same to which death should to the charged statitically.
16 to Informant rs, Lelissa A. Rigney  16 to Informant rs, Lelissa A. Rigney  18 a Funeral director Wm. J. Tickner & Sons.  19 6 Address  19 6 Address  19 6 Address  10 Address  11 Address  12 Address  13 Address  14 Address  15 Address  16 Address  17 Address  18 Address  19 Address  19 Address  19 Address  10 Address  10 Address  11 Address  12 Address  13 Address  14 Address  15 Address  16 Address  17 Address  18 Address  19 Address  19 Address  10 Address  10 Address  10 Address  11 Address  12 Address  13 Address  14 Address  15 Address  16 Address  17 Address  18 Address  18 Address  19 Address  19 Address  10 Address  10 Address  10 Address  11 Address  12 Address  13 Address  14 Address  15 Address  16 Address  17 Address  18 Address  18 Address  18 Address  19 Address  19 Address  10 Address  11 Address  12 Address  13 Address  14 Address  15 Address  16 Address  17 Address  18 Address  18 Address  18 Address  19 Address  19 Address  10 Addre	22. If death was due to external causes, fill in the f  939 (a) Accident, suicide, or homicide  (b) Date of occurrence (c) Where did injury occur? (City or tewn)  (c) Did injury occur about home, on farm, industrial place? Beans of injury occur about home, on farm, industrial place? Beans of injury occur about home, on farm, industrial place? Beans of injury occur about home, on farm, industrial  (c) Means of injury occur about home, on farm, industrial  (c) Means of injury occur about home, on farm, industrial  (d) Did injury occur about home, on farm, industrial  (d) Did injury occur about home, on farm, industrial  (d) Did injury occur about home, on farm, industrial  (d) Did injury occur about home, on farm, industrial  (d) Did injury occur about home, on farm, industrial  (d) Did injury occur about home, on farm, industrial	un Ross (State) of place, in pub

V53

	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State Md. (b) County Q. U. Co
	(a) State , M C . (b) County
(c) Hospital or institution:	(c) City or town Anna Polis (If ontside city or town limits, write RURAL and give town)
JOHNS ROPKINS HOSPITAL	(II) Obtained they be the state of the state
d Length of stay in hospital or inst. (yrs., mos., or days) 12 das	Street No. Dreams Landing
	If foreign born, how long in U. S. A.? years
(e) Length of stay in Baltimore (yrs., mos., or days)	
3 (a) FULL NAME James, OSCAY	
3 (a) If veteran, name wat 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH how 19, 1939, at 11 a M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 Learly that death occurred on the date above stated; that lattend-
male white married	ed deceased from 20 7, 1939. to Nov 14 1939.
6 16 Name of husband or wife & mmd, James	and that I had saw home alive on Mary 19 19 29.
6 (c) If alive, give age years	Immediate cause of death Post-operative Duration defect in writery black 10 days
7. Birth date of deceased (mo., day, yr)	alfeit in writing view 10 days
8. AGE: Years Months Days If less than one day	
26 hr. min.	Due to
9. Birthplace Uirginia 9. Birthplace Uirginia	Due to
10. Usual Occupation Houseman	
11. Industry or business	Other Conditions 17 Sections
12. Name James, Clarence	(Include pregnancy within 3 menths of death)
12. Name U William	A C T A A A A A A A A A A A A A A A A A
13. Birthplace V 2.	Of operations Hernior shapey cause to which death should be
14. Maiden Name Rigger, Nettie  15. Birthplace Va.	Ol autopsy Aborc charged statistically
15. Birthplace Va.	22. If death was due to external causes, fill in the following:
16 a Informant Records	(a) Accident, suicide, or homicide
ADBNS HOPKINS HOSPITAL	
17 a Personal 1 Date thereof 2001. 50 39	(a) Where did mury occur?
Burial, cremation, or removal) (month) (day) (year)	d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or grematory	place? While at work?
Location Poly of the Seal	(Specify type of place)
18 a Funeral director State of Color	(e) Means of my y was Aarres
(b) Address 4907 gmu 101.	23. Signature M. D.
19 a) waster bushing (b)	Address And Hopland The ate signed 1451
The state of the s	

Registered No. CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: I. PLACE OF DEATH: (a) Baltimore City, Majyland (b) Street address 6000 Bellona Ore (c) Hospital or institution: A Street No. 3/2/ Millore d) Length of stay in hospital or inst. (yra., mos., or days) (e) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore yra, mos., or days) 74 yra Mary Vetecca MEDICAL CERTIFICATION 20. DATE OF DEATH HON LU 3 b) If veteran, name war 1939 M D/ M 21. I certify that death occurred on the date above stated; that lattend-5. Cator or race 6 (a) Single married, widowed, or ed deceased from fint / 193 P. to hard + 0 193 9. divorced Widow Alute and that I last saw h Gr alive on How > 0/3919 6 h Name of husband or wife Duration Immediate cause of death 7. Birth date of deceased (mo., day, yr) If less than one day 8. AGE: Years Months Days Due to 9. Birtholace 10. Unual Occupation Other Conditions 11. Industry or business PHYSICIAN 12. Name Namel Niggs include pregnanty within 3 norths of death) t mirring the Major findinga: nune to theb porkounds 13 Beethplace Of uperations leath should be 14. Maiden Name Frontesson harged allo Hukum Of autopay 22. If death was due to external causes, fill in the following: 15. Birthplace 16 (a) Informant alton S. J (a) Accident, suicide, or homicide (b) Date of occurrence b) Address / Jurial Po Date thereof norza (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? (c) Cemetery or crematery (Specify type of place) 18 (a) Funeral director Harry e) Means of injury

#### au aitasnia Shiamaron

# ALTIMORE CITY HEALTH DEPARTMENT Registered No. BALTIMORE CITY HEALTH DEPARTMENT

63070

110	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH:	mad . W County	
n) Baltimore City, Maryland	Tane (a) State. (b) County	
b) Street address Julleum + Ca	Las (c) City of Jown Balta (If outside city or town limite	write RURAL and give town)
c) Hospital or institution:	(If ootside city or town limits	- The I A
c) Hospital or institution:	ital (If ootside city or town limite	give location)
d Length of stay in hospital or inst. (yrs., mos., or de	iyo)	
	(e) If foreign born, how long in U. S. A	.) 15. years
(e) Length of stay in Baltimore (yrs., mos., or days).		
3 (a) FULL NAME Zone and	the vir Sweether	susmanue
	MEDICAL CERTIF	
No. 232-00	3- 47 20 DATE OF DEATH	1939, at 8 05 M
. 6 Color or race   6 (a) Single, married	, widowed, or 21. I certify that death occurred on the d	ate above stated; that I attend-
male White divorced fing	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7, 10 . /
	John Hard naw have alive on	1 11 19 24.
6 (b) Name of husband or wife 6 (c) If alive, give as	II Pin Lager	Duration
	the liver	
7. Birth date of deceased (mo., day, y:)	n one day	
8. AGE: 1 cars   Indiana	min. Due to	over
Horas Buchs &		-
9. Birthplace (Town, county, and state	Due to	
man med -	10 mal	mites.
10. Usual Occupation 11. Industry or business	Other Conditions abdomens	- WARELAN
11. Industry of business	that (Include pregnancy within 3 months	of death)
12. Name Samuel Alema	Major findings: Q. Q.	live Underline the
13. Birthplace	Of operations Curtos y.	douth should b
14. Maiden Name Planence O	elet 0. 11	charged statis
	Of autopsy Circhosia of l	tically.
15. Birthplace 3	22. If death was due to external caus	es, fill in the following:
16 (a) Informant Scarge agnew	(a) Accident, suicide, or homicide	
(h) Address 40 /3 /Journan	(b) Date of occurrence	•
Date thereof	Where did injury occur?	r town) (County) (State)
[ 1/ (u) (mo)	utu) (dm) ()	farm, industrial place, in publ
(c) Cemetery or crematory Wordlaws		While at work?
laure ma	(Specify type of Disce)	
10 Emanderactor france la	(e) Means of injury	34.000
(b) Address Prominster	augland 23. Signature	" W. Y.
(b) Address ( ) 20 M	At Maries	Dute signed 177 6
19 (a) (b)	Registrar Address Of Con	

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 63071

63071	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	a State Med ( County	
Street address	c City or town Ciff at side city or town limits, write RUR	AL and give town)
Hospital or institution	3 1 m	len
, then is any in our free free	Street No SV (If rural give beat or	)
Length of stay in hospital or inst. (yra, mos, or days)	(e) If foreign born, how long in U. S. A.?	yente
Length of stay in Baltimore yes, mos, or days	1	
a FULL NAME Hatte C. Will	MEDICAL CERTIFICATION	2 50 /
(h) If veteran, name war No. 2, 2 - 18 - 8963	20. DATE OF DEATH / New wor / 8 193	), at M
Sex 5 Color or race 6 (4) Single, manual, widowed, or	21. IHEREBY CERUITY Thatfook charge of the	rom the evidence
t divorced Divorced	above, held an Luly of Indiry) thereon and f	
Edgar Walter	obtained by said (Autipey or longity) find that sa	id deceased came
to I I alive, give age years	t death on the day stated above	
7. Birth date of deceased no. day, yi Afril 12 1902	death	Duration
8 AGE: Years Months Days If less than one day	Immediate cause of death.	
7 6 hr min	Proposition of the same	
) / 1/	Due to	
9 Binhplace Vir gine a nd state)	Condo. asce de	all
10. Unual Occupation of a row of loyed 4 autres	Due to disease	
Il Industry or business // 3 - 1 mass		
# 12 Name Chao R B Gray	Other Conditions	
	(Include preymancy within I months of death)	PHYSICIA
a 13 Birthnac	Major findings:	Underline
14 Manden Name Martha X. Bailey	Of operations	death huld
2 1 Deleter		traly
Dillil Dauch Lat	Of autopsy	
and the same of	22. If death was due to external causes, fill in the	Je lodowurk
7 1 10 10	(a) Accident, suicide, or homicide	
17 a Removal b Date thereof month, (day)	ari (1) Date of occurrence	
gour combis	Where did injury occur?	(County) (State
Cemetery or commutery	Did injury occur about home, on farm, indus	itnai place, in pui
Location of Corney	place? (Small type of place) While at	work?
18 (a) Funeral dies Millyon word	Means of injury Me	+1
IN NOTATION	10/11/11/04	\ \ \
Add 1030 04 0000	23. Signature Medical Exposure Signed 11/19/19	ATTI THE CO

#### CERTIFICATE OF DEATH

Registered 83072

A SHAR OF PRICE	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:  (a) Baltimore City, Maryland	12 0	20 1
b) Street address	a) State flesh County	1
A Line of the Control	City or town Deltury	COMPANY A
Johns Hophine Hospital	(If outside city or town limits, write RURAL and give t	OWH,
a fine of your in hospital or that lyes most or days	1 Street No. / 229 Norton and	-
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years .
e Length of stay in Baltimore (vrs., mos., or days)	is toreign both, now long in C. S. A.	1
3 (a) FULL NAME Mary Weber		
3 (a) If veteran, name war Social Security Account No.	MEDICAL CERTIFICATION 55 20. DATE OF DEATH Kevenbul 1939. at	M
4. Sex 5. Color or race 6 a Smale, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the remains desc	
te who married	above, held an Listofasy thereon and from the evic	lence
6 h Name of husband or wile // MOM IT	obtained by said (Autopsy or Inquiry) find that said deceased	came
7. Birth date of deceased mo, day, yr Aug 13 1888	to Mr death on the day stated above	
8 AGE: Years Months Days It less than one day	Immediate cause of death Durat	ion
5 / 5 hr min.	Brown precenous	
9 Birthplace Balto MA	Due to Both Sive	
Town, manty, and state)	Weinhales was	
10. Usual Occupation Foust wife	Due to	
11. Industry or business at Horse	Hestory of brown a wholian	
# 12 Name atrick vin MEAly	Other Conditions Jacoba / head engage	
2 13. Birthplace Ise land	(Include pregnancy within 3 months of death)	CIAN
# 14 Maiden Name Mary Riley	Major findings: Under!	ine the
The state of the s	Of operations cause to death sh	
2	charked	
16 (a) Informant Win 42. WEBET	Of autopsy   tically	
1 Address 1229 randord dor	22. It death was due to external causes, fill in the following:	
17 1 Burial Date thereof 1/21/39	b Date of occurrence Abayer o was. 290.3	159)
(month) (day) (year)		1211
(e) Cometery or commercy Cathedral		late
Location Balto med	Did injury occur about home, on farm, industrial place, in	public
18 (a) Funeral director William Coot	place? (Specify type of place) While at work?	Land
(b) Address 1217 St. Park I	23. Signature	M.D.
19 (a) Date re d by r x   rur	Date signed /// 8/37	

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
b) Street address NyTMAN Fark Drive and Blst St. c) Hospital or institution: U. S. karine Mospital, Baltimore, Md.		
d Length of stay in hospital or inst. (yrs., mos., or days) 1 da	Street No.	d grive town
3 (a) FULL NAME Ernest E. Sheppard	and tong in C. S. A.?	year
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	MEDICAL CERTIFICATION	9.230
Male White divorced. Married  6 (b) Name of husband or wife Wilma Sheppard  6 (c) If alive, give age 43 years	ed deceased from hov. 16, 1939, to Nov. 16 and that I last saw h im alive on Nov. 16, 1939	19 30
7. Birth date of deceased mo., day, yr.) Feb. 2, 1895 8. AGE: Years Months Days If less than one day 44 9 14 hr. min.	Chronic revises white and	da; known
9 Birthplace Clawn, Laryland (Town, county, and state) 10. Usual Occupation (Argenter)	Due to	
II. Industry or business  II. Industry or bu	mromposis of rt. iliac vein-2 whi	YSICIAN
14 Maiden Name Anna Pay 15. Birthplace 1000 lawn, Raryland	Of operations Under the cause death charge the charge of autonomy Same as a hove	lerline the to which should be ed statis-
16 (a) Informant Accords-U. S. Marine Hospital (b) Address Baltimore, Maryland.  17 (a) Development Accords-U. S. Marine Hospital	,22. If death was due to external causes, fill in the following  (a) Accident, suicide, or homicide	**
Burial, remation, or remains Date thereof W. 20/93 (month) (day) (year)  (c) Cemetery or community  Location  (b) Address	(c) Where did injury occur?	State) n public
VS 3	Address U. S. Marine Hospitabete signed 1 7	17/39

#### CERTIFICATE OF DEATH

F 63074
Registered No.

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 3.751 Else Twe  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Md (b) County  (c) City or town Baltimore.  (d) Size No. B 751 Eline Tave  (d) Size No. B 751 Eline Tave  (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Gyach 6. James.	
3 (c) Social Security Account No.	medical certification  20. Date of Death Nov 19. 1935. at 1/ a. M
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced.  6 1 Name of husband or wife ohi m. James.  6 1 I alive, give age 6 2 years	21. I certify that death occurred on the date above stated; that lattended deceased from 1 2 1939, to 11 1939, and that I last saw her alive on 1 2 1939.  Immediate cause of death Duration
7. Birth date of deceased mo, day, yr. aug 16, 1879 8. AGE: Years Months Days Il Yes than one day 60 9 hr. min.	Due to Cororary (nombis is det. 2 Wks
9. Birthplace 10. Usual Occupation 11. Industry or business	Due to Other Conditions
12 Name Wisley Phillips 13 Birthplace md.  14 Maiden Name Harriett Harper 15. Birthplace md	Of autopsy  (Include pregnancy within 3 months of death)  PHYSICIAN  Underline the cause to which death should be charged a tistically.
16 a Informant John M. James.  b) Address 375/ Elon wor.  17 a Bunal b) Date thereof not 21,193 (Marial, cremation, or removal)  c) Cemetery or crematory Wordlaun:  Location  18 (a) Funeral director 6 hunowith 42  b) Address 36/5-/7 6 history were	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  M. D.
196 Sandand by marcon bet ting the interpretar	Address 900 Date signed 17-70 39

#### BALTIMORE CITY HEALTH DEPARTMENT

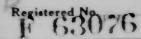
#### CERTIFICATE OF DEATH

F 63075
Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. Lawrence Car Marrhand	(a) State fled (b) County	
Street address 801 U. Bruce of Hospital or institution:	(c) City or town Selections.  Alf outside ity or town limits, write RURAL and give to	(nw
	Street No. 201 U Brew HT	
I Length of stay in lospital or inst. (yrs., mos., or days)	(It thrat give account)	
e Length of stay to Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	cars
FULL NAME 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	110	
FULL NAME  Sured  Sured	MEDICAL CERTIFICATION 30	P
3 (c) Social Security Account	1 10	M
Sex 5 Color or race 6 1 Single married widowed, or	21. IHEREBY CERTIFY, That I took charge of the remains descri	ibed
by wh divorced marind	above, held an Juffury thereon and from the evide	
1 Name of husband or wife oryshine Burdette	(Methy) or Inquir)	ame
6 of It plive, give age? years	The state of the s	
7 Bitth date of deceased mo, day vi lan 26, 1861	to her death on the day stated above	
8 AGE: Years Months Days / If less than one day	Immediate cause of death Duration	08
78 hr min	Browhiel aslama	
manuland.	Due to	
Bithplace may and .  (Two, oughy, and state)	1706 10	
10. Usual Occupation Return ( Colores)	Due to	
II Industry or business		
12 Name Willow werdelle	Other Conditions	
13 Birthplace md	(In this pregnancy within a months of death)	IAN
14 Maiden Name Unhuowi	Major findings: Underlin	
15 Berthplace Venhuour	Of operations cause to death show	
	Ot autopsy tienlly	statis-
16 (a) Interment Harry m. Burditte.	22. If death was due to external causes, fill in the following	
Address 3338 Gilman Ferrace.	(a) Accident, suicide, or homicide	
Burial Date thereof Mov 21, 1937 (month) (day) iyear	(b) Date of occurrence	
Cemetery or cromatory Popular Grungs.	Where did mury occur)	n teri
Location toward 60. ml.	(d) Did injury occur about home, on farm, industrial place, in p	
Location / ll - The Same That	place? (Specify type of place)	
18 (a) Funeral director Chenowell & Sonovaus	(a) Means of injury, 200	
(b) Address 3 6 15-17 Chestrufter	23. Signature Wy Warne Dreft	M.D.
19 (4) Registrar	Date signed ///19/39	-
V8 4		

#### F 63076

## CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED.	
(a) Baltimore City, Maryland	a State & County	
Hopital or institution	the trial tr	
	Defection 3 Julian of	
If Length of stay in hospital or inst. (yrs., mos., or days	(If rural give location)	
e Length of stay in Baltimore (yrs. mos., or days)	(e) It foreign born, how long in U.S.A.)	years
3 (a) FULL NAME Salley Bradley		~
3 h li veteran, name war 3 (c) Social Security Accoun	MEDICAL CERTIFICATION	
No. 215-07-6403	20. DATE OF DEATH Meule 9 109	, at M
4. Sex 5. Color of race to a Single, married, widowed, or	21. HIEREBY CERTIFY, That I took charge of the ren	
a divorced wislow	above held an Allury thereon and from	
6 h Name of husband of wife George Brudley.	(Autoges or Indians)	
6 b Name of husband or wife Two ige / Succession of the live, give age years	obtained by said find that said	deceased came
2811 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to 62 death on the day stated above	
7 Birth date of deceased mo, day, yr une 16, 1873 8 AGE: Years Months Days If less than one day	Immediate cause of death	Duration
touth 6 5 by min		-
10,0	growing othersen	
9 Buthplace Muylling.	Due to	1
10 Usual Occupation Conscient,		
(	Due to	
11 Industry or business		
# 12 Name Internoun	Other Conditions	
= 13 Birthplace Continuous	(Include programs within 3 months of death)	PHYSICIAN
# 14 Maiden Name Continuous	Major findings:	Underline th
T 14 Marien Maine	Ot operations	d ath should be
\$ 15 Birthplace Culturion		harged statis-
16 1 Informant Mur. Bulle Forble	Ot autopsy	tical y
Allen 1/2 2 del led at the	22. It death was due to external causes, fill in the fo	llowing
17 Date thereof MA 2 1 9 3	(a) Accident, suicide, or homicide	
17 de la crimania (month) (day) (year)		
Cemetery or crematory woodlawn	(e) Where did injury occur)	ity) (State)
	d Did injury occur about home, on farm, industrial	place, in public
Location The Son raw	place? While at wor	k)
18 (a) Funeral directors fransiocia 1 20 onto	(c) Means of injury	
Address 3615-17 & serving acces	23. Signature	M.D.
19 (a) Registrar	Date signed 20 19 Medical Examine	r.
(t) a divisory	1	

#### 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State Maryland (b) County (a) Baltimore City, Maryland b) Street address 3201 Mary Ave. Baltimore (c) City or town If outside city or town limits, write RURAL and give town) c Hospital or institution: In own home d Length of stay in hospital or inst. yrs., mos., or days) (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yrs., mos., or days) Life 3 0 FULL NAME Margaret Risenreich MEDICAL CERTIFICATION 3 (c) Social Security Account 19 39 9:15 3 (b) If veteran, name war 20. DATE OF DEATH NOV. 18, 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or 5. Color or race ed deceased from Nov. 7th 19 39, to Nov. 18th 39 4. Sex divorced. Married and that I last saw h er alive on Nov. 18th 19 39 . white female 6 h Name of husband or wife Chas. Eisenreich Duration Immediate cause of death 6 (c) If alive, give age 80 2 hrs. Cerebral Hemorrhage 7. Birth date of deceased (mo., day, yr.) June 28, 1857 If less than one day Due to Arterio-sclerosis and Days Months 8. AGE: Years Chronic Sclerotic Nephriti 20 82 Baltimore, Maryland Due to 9. Birthplace (Town, county, and state) Housewife- In own home 10. Usual Occupation Other Conditions 11. Industry or business PHYSICIAN (Include program y within 3 months of death) Anastasis Imhoff 12. Name Underline the Major findings: ause to which Bermany 13 Birthplace Of operations death ho ld be nose Seibert harged tatis-14 Maiden Name Of autopsy Germany \$ 15. Birthplace 22. If death was due to external causes, fill in the following: Chas. Eisenreich (a) Accident, suicide, or homicide 16 a Informant 3201 Mary Ave. b) Date of occurrence b Address 16 Date thereof 11-21-39 (c) Where did injury occur? City or town) (month) (day) (year) (d) Did injury occur about home, on farm, industrial place, in public Moreland Park (c) Cemetery or crematory While at work? Specify type of places Location 18 a Funeral director Leonard J. Ruck 5305 Harford Rd. 23. Signature h Address --

# CERTIFICATE OF DEATH \$ 95-9 Rolling CR 178

OZ.V.V.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
	(a) State Mod (b) County
(a) Baltimore City, Maryland	(a) State (b) County
of birect services	(c) City or town Gallo
(c) Hospital or institution:	ilf outside city or town limits write to
	Ad Sufet No. 8/6 7. Par of the sure of the
A Landa Landa or just (ver mos. or days)	(If rural give location)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.?
(e) Length of stay in Baltimore (yrs., mos., or days)	A Trioright both, item 135
3 (a) FULL NAME Mary &. Stol	MEDICAL CERTIFICATION
3 (b) If veteran, name war 3 (c) Social Security Account	
No.	20. DATE OF DEATH
4. Sex   5. Color or sace   6 a) Single, married, widowed, or	I at the death Accurred on the date above stated; that lattend-
divorced. Medow	13 40 1027 2 1937 10/10/10 1951.
Q Melatra	and that I last saw h & alive on Nov 15 1939.
6 (b) Name of husband or wife Oscar Stolgenbag.	Duration
1 1 1/1951	PRIECROSCIBROTTE CARDIO- 1038
7. Birth date of deceased ino., day, yr. July 10/1839	VASCULAR DISEASE 1938
8. AGE: Years   Months Days   Wess than one day	
80 4 6 hr. min	Due to
Balland	
9. Birthplace (Town, county, and state)	Due to
10. Usual Occupation	
11. Industry or business	Other Conditions
harred Stevennagh	(include pregnancy within 3 months of death)
# 12. Name	at the dimension of the state o
13. Birthplace Jumany	Of operations
14. Maiden Name Motheroute	charged statis
Al.	Of autopey tically.
	22. If death was due to external causes, fill in the following:
16 (a) Informant Mrs Claire Lege	(a) Accident, suicide, or homicide
(b) Address 8/8 11. Pat. PR: otrv	(b) Date of occurrence
D. a. el . 1 Deschared May 20/3	Where did injury occut?
(Burial, cremation, or removal) (months (day) (sea	
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in publi
14-112041	place? While at work? (Specify type of place)
Location Diling Herwis Son	
18 (a) Funeral director	(e) Means of in the send filled
(b) Address 2016 Mican	23. Signature 7. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Something of Milliania 11 2	Address & USAN Down Date signed
19 (a)  Registrar	- Additional Control of the Control

63079 HEALTH DEPARTMEN	IT-CITY OF BALTIMORE 3079
1. PLACE OF DEATH Provident	TE OF DEATH 157-C
CITY OF BALTIMORE: (No. 1514 Ulrision  Length of residence in city organism where doubt occurred yes.	Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2. FULL NAME Juliag Marie (a) Residence: No 617 Lunge S	mos da. How long in U. S. If of foreign birth? yrs mos da.  If U. S. Veteran specify WAR  St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  LUSTAND of (or) WIFE of	21. DATE OF BEATH (month, day, year) //-/6-, 1939 22. I HEREBY CERTIFY, That I attended deceased from 8-8-39, 19 to //-/8-39, 19 I last saw here alive on //-/8-3919 Death is said
6. DATE OF HIRTH (month, day, year)  7. AGE  Years  Months  Onys  If LESS then 1 day,	to have occurred on the date stated above, at 6.45 A//.  The principal cause of death and related causes of importance were as follows:  Date of enset
8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other contributory canses of importance:  Proportion of importance:  11-13-39  Other contributory canses of importance:  butty,
12. BIRTHPLACE (city or town) Baltamore (State or country)  13. NAME Statust Green  14. BIRTHPLACE (city or town) Altra (State or country)	Was an operation performed?  For what disease or injury?  Name of operation  What test confirmed diagnosis? Churches Was there an autopsy? 23. It death was due to external causes (violence) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town Ballianse (State or country)  17. INFORMANT Strass Cycles  (Address) 6/7 Cycles  18. BURIAL, CREMATION, OR REMOVAL	lowing: Accident, suicide, or homicide?
Pince My Land Date My 39  19. UNDERTAKER AM Satie RW Was a constant of the satisfactory of the satisfactor	Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  If so, appeiry.  (Signed)
D	

1 PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D lamore City Maryland	(a) State Mid (b) County	
(b) Street address 3/35 Leads M	City or town Sellimore	
(c) Hospital or institution:	(If out ide city or town limits, write RURA)	L and give town)
	Applicat No. 3135 Leeds Lt	
d Length of stay in hospital or inst. (yrs., mos., or days)	LO (II full b) kill in a line in a l	years
(e) Length of stay in Baltimore yrs., mos., or days	e If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Outles John Fug	ua John Terguson)	450
3 (h) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH Journal 1619.39	1145 M
4. Sex 5. Coloxor race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the res	nains described
ha wh divorced	above, held an Jugury thereon and fro	
6 (b) Name of husband or wife I da Jugua		deceased came
6 (c) If alive, give age years	(Autopsy or Inquiry)	
7. Birth date of deceased (mo., day, yr.)	to Meath on the day stated above.	
8 AGE: Years Months Days If less than one day	Immediate cause of death	Duration
hr min		
63	Cornery reclusion	-
9 Birthplace T. wn. county, and state)	Due to	
Twn, county, and mater		
10. Ususl Occupation	Due to	
11. Industry or business		
# 12 Name / 4/1	Other Conditions	
Z 13. Birthplace	(Include pregnancy within 8 months of death)	PHYSICIAN
2	Major findings:	Underline the
14 Maiden Name	Of operations	death should be
2 15 Birthplace		charged statis-
16 (a) Informant	Of autopsy	tically
h Address	22. If death was due to external causes, fill in the f	ollowing:
17 (a) Burish (b) Date thereof 11-20-39	(a) Accident, suicide, or homicide	
I ra cranta, cramta		
Cemetery or crematory W. Juburn		nly1 letale
but wad.	(d) Did mjury occur about home, on farm, industria	l place, in public
Location	place? (Specify type of place) While at wo	ik?
	(e) Means of injury	p
b) Address 322. M. Rehrveler Dr	23. Signature Will will Traff	M.D.
19 at the state of	Date signed 11/1 h / 27	

# F 6308 HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 1. PLACE OF DEATH TY OF BALTIMORE: (No. 2 / 7) Mount St. 9 Ward) Registered No. (If death ore a hospital or a hospital or sireel and no of sireel and no of sireel and no or sireel and si

(If death occurred in a hospital or Institution, give its NAME Instead CITY OF BALTIMORE: (No. & of street and number.) ds. How long in U. S. If of foreign birth? yrs. mos. ds. pecify WAII (a) Re idence: No. ilf non-realdest give city or town and Statel PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Divorced (write the word) 3 SEX 4. Colar or Page 21. DATE OF DEATH (month, day, year) I MEREBY 1100 16 sa. If morried with wed, or div reed HI SBAND of 100116 . 12 37 Death la aniel (o) WH'1. of to have occurred on the date stated above, at 6. DATE OF BIRTH month, day, year) The principal cause of death and related causes of " ACR Months If LESS than Years Important a were as follow-I day, hrs. min. 3 Tade prefersion, or particular kind of work done, as spinner, sawyer bookkeeper, etc.,. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Other contributory causes of importance: Date deceased last worked at 11. Total time (years) this occupation (mo) th and ment in this 12. HIRTHPLACE (city or town) Was an operation performed' (State or country) > For what disease or injury? What test confirmed diagnosis live call as there is not bey? 14. HIRTHPLACE (city or town) (State or country) 23, It death was due to e ternal causes (violen e) till in the fol-BUNG THE Accident, suicide, or homicide" Date of a ir -16 HIRTHPIACE (city or t Art Where did Injury occur" (Specify city or town, court, and tate) (State or country) Specify whether injury occurred in industry, in home, or in public II. INFORMANT place Address Manner of injuly Nature of injury 21. Was a sense or many in any way related to a upotion of decemed?

Toustwater Whaller, 19

### CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	g State b County	
M Street address 4940 EMB tern AVE.		
	(c) City or town Bilto.	
(c) Hospital or institution:	fife and only or boar limit, write RURA	i and give towns
Length of stay in hospital or inst. lyre, mos, or days	1d Arrest No. 1108 (108 St.	
length of stay in hospital or inst. yrs., mos., or days	THE PERSON NAMED IN COLUMN	
Length of stay in Baltimore lyra, mos , or days 110	(e) If foreign born, how long in U. S. A.?	years
3 FULL NAME		
E lamboth Groom	MEDICAL CERTIFICATION	
3 At Il veteran, hartie wat 3 to Social Security Account		O
No.	20. DATE OF DEATH 17 17 1931	
4. Sex   3. Color or tore   6 (a) Single, married, widowed, o	21. I centify that death occurred on the date above stat	ed, that lattend
remale bolored divorced widowed	ed deceased from /1-/0 19 37 to //	1-12037.
	and that I last saw he f alive on 11 - 7 1	37
6 (b) Name of husband or wife Innac Groon		Duration
to a life alive, give age year	Immediate cause of death	
7. Buth date of deceased (mn. day, yr.) 4-23-1891	Collord Carcinoma of un let recious	•)
8. AGE: Years Months Days If less than one day	Premary Site with attanserie	1.
86 6 24 hr mir	mon I ald unsol metratoria	
00 0 00		
9. Birthplace Md . (Town, county, and state)	Due to	
10, Usual Occupation 21.44.	Other Conditions	
11. Industry or business	Critical Commission	D 1137   1 2 1 21
E 12 Name Honry Spencer	Design programmy within 2 resorting fourth;	PHYSICIAN
El November 1	Major findings	Under Unit 100
a 13. Birthplace	Of operations Selsen	Charte Str (Diff)
14 Maiden Name Mortho Davis		Scath should be shargest atolia
E 114	Of autopsy	tically
2 15 Ballaber Pitt.	22. If death was due to expernal causes, fill in the t	fallowing
16 in Informant B.C.H. Hacorda		
(b) Address	(a) Accident, suicide, or homicide	
	(6) Date of occurrence	
17 M Duriel M Dure thereof 11-22-3	(Car or town)	unter attended
	of) Did injury occur about home, on farm, industria	al place, in publi
Conselety or crematory VI 11, tubum	White at work?	
salto. md	The state of the s	
mo katie kan sho	Means of injury	
Address 32.2. M. Belived ! H	23. Signature LK. Wooks and p	
Address 5 1.4.V., Lungary Dr	3. Signature acr. w 30	36, 33,
10001 02 AGN WAT to the Hilliams A	When with the trop I had	mes 1-15-5

#### F 63083

## CERTIFICATE OF DEATH



	2. USUAL RESIDENCE OF DECEASED	
PLACE OF DEATH:		
Baltimore City, Maryland	State Mid to County .	
Succes address 630 Scott St.	City or town Jullimorf, 11	
c) Hospital or institution:	all subsides to ut town limits, write ECHAL	wall Kare to wall
	asserve 630 Joule St	
d) Length of stay in hispital or inst. (ym, mas, or days)	LICentral glass location	
	(c) If foreign born, how long in U.S.A.)	years
Length of stay in Baltimore (yrs. mos. or days)		
FULL NAME IN OCCILE ALL IN	uller	
1 Santa Account	MEDICAL CERTIFICATION	- (()
Il veterar, name wat	20. DATE OF DEATH 1/00 18 1938.	n.J. J.M
		T' (Iller I mir
4 Sex Schot of tale to a Single, matried, widowed, or	107/10//	10 193 /.
imal write world Widowed	and that I last saw he alive on 11/18 19	39
A see of bushand of who I villiam Willell	and that I tall sale	Duration
ti ti it anve, kive er.	Imperiate cause of death	,da
7 Birth date of deceased mo day yr Mar 21, 1878	Mente Cardiar Turine	100
8 AGE: Years Months Days If less than one day		
61 to 1 7.128 hr min	Codio Vascular Renal Dispas	*
11 61 11/1/1	Coace	non
	Due to	
10 Veus! Occupation Nouse Trife		
	Other Conditions	PHYSICIAN
12 Name Charles Meiers	(Include programmy within I mentle of death)	1
# 12 Name Chaucs	Major findings:	Laderine the
2 13 Buthplace Sermany:	Of operations	to a to
# 14 Marden Nama Burbasa My		hang d tat
15 Birthplace Germany	Of autopay	theadly.
10 to Informant Sand M. Waller	22. If death was due to external causes, fill in the fo	Mowing
16 to Informant Canal 71	Accident, suicile, or homicide	
1 Address 630 a coll St.	a h Date of occurrence	
Bound Determent ov 2/193	(e) Where did injury occur?	sity) (State)
4 done Park	(d) Did injury occur about home, on farm, industrial	place, in publ
(e) Cemetery or crematory a force of	place? While at wo	rk?
Location City to the live Co	The state of the s	-
18 (a) Funeral director 7M V /M. Fru W. Suffer Von	Means of injustion of the total Co	rele
Al Mi to Al IAA X	23. Signature	MI
A 11		
Address Lof W. Jana M. Laura M.	Addres 6 79W askington Broken or	uned // bes

## HEALTH DEPARTMENT—CITY OF BALTIMORE

	h 0000.
3084 . HEALTH DEPARTMENT-	CITY OF BALTIMORE
HEALTH DEPARTMENT	CITY OF BALTIMORE
10)()()	OF DEATH
CERTIFICATE	REGISTERED NO.
	inctifut-
- ACE OF DEATH	WARD)  (If death or institution, give its NAME tion, give its NAME
1-PLACE OF DIME	ST WARD) tion, give its NAME instead of street and
DALTIMORE: (No(-)	number.)
1-PLACE OF DEATH  ITY OF BALTIMORE: (No. 4 11 Mour)  Larah Jane Do	rudu
2-FULL NAME Sarah Jane Do	WARD
2-FULL MAINTE	ST., (If non-realdent give city or town and State)
(a) RESIDENCE NO. 4 (Itsual place of abode) the thought occurred year most	in U.S. If foreign hirrn
(a) RESIDENCE of abode) (Usual place of abode) where death occurred year most	CROTIFICATE OF DEATH
	MEDICAL CERTIFICATION (Month, day, and year) Nov. 17 193
PURSONAL AND STATISTICS.	16 DATE OF DEATH (month, day, and
COLOR OR RACE Surveyed, (write the work)	
SEX O O O III) James	17 I HEREBY CERTIFY, That I attended distribution 7, 1939.
Terrale Colored Wiams	1921.10
a If married, widowed, or divorced	000 10 .1931
	that I last naw h Prajive on m
	and that death occurred, on the date stated above, at
6 DATE OF BIRTH (month, day, and year)	The CAUSE OF DEATH Was as follows:
Yanga Months I day, hr	The CAUSE OF DEATH Was as follows Hemorrhage
7 AGE Years or min.	
80	
6 OCCUPATION OF DECEASED	1 14
of ession of	(duration) yrs. / mos/4
particular kind of	
and of industry,	CONTRIBUTORY mos.
(b) General nature of the control of	(Secondary) (duration) yrs. mos.
which employer	18 Where was disease contracted
(c) Name of employer	if not at place of death.
BIRTHPLACE (city or town) Ballings	Did an operation precede death? Date of
(State or country)	Did an operation production
10 NAME OF FATHER	Was there an autopsy?
	What test confirmed diagnosis? Duglas Shepherd. M
THE BIRTHPLACE OF FATHER (city or town)	Douglas oue out
H BIRTHPLACE OF THE	(Signed)
(State or country)	11-20,193 (Address) 1063 Migraths from Violent Ca
(State or country)  12 MAIDEN NAME OF MOTHER Ligg Level	
	State the Disease Causing Death, or In deaths from Violent Causing Death, or Indiana and Nature of Injury, and (2) whether Accident Suicidal, or Homicidal. (See reverse side for additional space.)
13 BIRTHPLACE OF MOTHER (city of Cown).	Suicidal, or Homicidal (See reverse OR RE- DATE OF HU
(State or country)	OF RURIAL CREMATION OF
JUN VAROR WELLS	MOVAL Palloy een noor
Information of housens	ADDRESS ADDRESS
(Address) (g)	20 UNDERTAKER
The second secon	MOVAL Calley len MOV 21  MOVAL Calley len MOV 21  ADDRESS 322  MAT SANS Katil R Williams Sain
1000 19 Regint	rar man land

#### 63085

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 63085 Registered No.

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
D b Can Marriand	(a) State Maroland (b) County
Street address 924 E. Twelle an	
Hospital or institution	(c) City or town Baltimere (If outside city or town limits, write RURAL and give town)
The state of the s	Aside 6. 924 E, Horth avenue
3	(1) Street 66. 727 C, (1f rural give location)
d Length of stay in hospital or inst. (yrs., mos., or days)	
Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.? years
o FULL NAME o Hillie allison	MEDICAL CERTIFICATION
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Therember 18 1939, at 8'15 P.M.
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
3 divorced. Single	ed deceased from 11-5 1939, to 11-18 1939.
Name of husband or wife	and that I last saw her alive on 11-18 1937.
6 (c) If alive, give age years	Duration Duration
Birth date of deceased (mo., day, yr.) July 25, 1925	Saryona of correal ?
B. AGE: Years Months Days If less than one day	vertilizat a metastases
14 3 2923 hr. min.	0
B. Stings	
9. Birthplace (Town, county, and state) 10. Usual Occupation School Sulf	Due to
10. Usual Occupation School Shift	
11 Industry or business	Other Conditions
12 Name James E. allison	(Include pregnancy within 3 menths of death)
13 Birthplace Osston, mass,	14 : 6 :
4 0 0 1 4	Of operations second of cervil cause to which death should be charged stati-
14 Maiden Name Lewers Sribert	Of autopsy some comming the tically
15. Birthplace Germany 16 a Informant Revoids -	Of autopsy and a fine the fill and a fill a fill and a
16 a Informant Records -	22. If death was due to external causes, fill in the following:
(b) Address MORAS HOPKIAS HOSPITAL	(a) Accident, suicide, or homicide  (b) Date of occurrence
17 Burial 1 Date therewit. 20 39	Where did mury occur?
(Barial, cr mation, or r moval) (month) (dg) (year)	(City or town)
c) Cemetery or crematory with	(d) Did injury occur about home, on farm, industrial place, in public
Location Ballamore from	place? While at work?
18 (a) Funeral director Design Comments	(e) Means of injury
(b) Address 2101 Brokerick ave	23. Signature C. C. J. Warne
19 Col on 16 mg to the females and the	Address Johns Hophin Hogital Date signed 11-19-39
Registrar Registrar	H # #

. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland		(a) State Maryland (b) County	
b) Street address Baltimora Maryland		c) City or town Beltimore (If outside city or town limits, write RURAL	, and give town)
Beltimore City Hospi	the state of the s	Street No. 1921 Brunt St.	
d Length of stay in hospital or inst.		1 3	
Length of stay in Baltimore yrs.		(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Hosa Taylor			V
	3 C Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH	. at /25 AM
	Single, married, widowed, or	21 I certify that death occurred on the date above state	ed; that lattend-
Female Colored divo	Married	ed deceased from may 15 1931, to how	17 1934.
6 / Name of husband or wife	Henry Taylor	and that I last saw h & alive on wo. // 19	) 19 .
6 0	If alive, give age years	Simulation of the same of the	Duration
7. Birth date of deceased mo, day,	vi 3 1886	Bundo pumoma	,
8 AGE: Years Months Days	If less than one day		
53 ? ?	hr min	Due to	
Q Basholace Va.	01	Destr	
Tour	n, sounty, and state;	Due to	
10. Usual Oc upation Unknown	Ů,	Other Conditions artinosdeurs, generally d	when.
11 Industry or business			PHYSICIAN
E 12 Name Charles Log	28	(Include gragiancy within 5 months of death)	Underline the
pm	known	Major findings:  Of operations	cause to which
# 14 Maiden Name Margar	at		high should be charged statis-
<u>E</u>	Unknown	Of autopsy not done	tionly.
3 15 Bimbplace		22. If death was due to external causes, fill in the fi	ollowing
to a Informant Hecords	Cities Wood told	(a) Accident, suicide, or homicide	
Address Baltimore		(b) Date of occurrence	
17 Durial (6)	Date thereof month id store	7	unty) (State)
(Burla) eremulion, or removal)	A Auburn Cente		
Cemetery or crematory	rent:	While at wo	rk?
Location W-SSY	EVOLA	(Specify type of place)	
18 a Funeral director Tro	e.c. Cultura	(e) Means of injury	
Aldrens 1303 Par	men int.	23. Signature	м. D.
16 (020 300 mount)	The Williams	23. Signature mura ghelsker  PAddress Callolity Horp Date in	gned 11-20-34
× 17 4	1 76 20		

#### BALTIMORE CITY HEALTH DEPARTMENT

#### 186- a Registered No. CERTIFICATE OF DEATH

F. 63087

I. PLACE OF DEATH:  a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
	(a) State Maryland County
b) Street address Baltimore Maryland c) Hospital or institution:	(c) City or town Baltimore
Baltimore City Hospitals	(f) City or town Shill Lindle (if outside city or town limits, write RURAL and give town
	Street No. 817 E. Madison St.
d Length of stay in hospital or inst. (yrs., mos., or days)	
e Length of stay in Baltimore yrs., mos., or days Unknown	(e) If foreign born, how long in U. S. A.? years
Anna O'Connor	
3 // If veteran, name war 3 // Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH //-/8 1937 . at /234. N
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend
Fedale White divorced. Single	ed deceased from 10-13 1937, to 11-18 1937
6 h Name of husband or wife	and that I last saw lk / alive on /1-17 1939.
6 (c) If alive, give age year.	3 Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Nov. 2 1868	Cardias Failure for loye
8 AGE: Years Months Days If less than one day	
20 70 hr. min	Due to Hypertenine corlis viscelles ?
* 1 3	dissal
9 Birthplace ITGLEIG	Due to
10 Usual Occupation Unknown	The same sold from Burney
11. Industry or business	Other Conditions Fracture right femus 5 week
12. Name James O'Connor	Cuclude pregnancy within a roughly of death)
I 13 Birthplace Ireland	Major findings:
	death should be
14 Maiden Name Mary Dougherty	Of autonsy tirally.
15. Binhplace Ireland	Of autopsy 1 tically.  22. If death was due to external causes, fill in the following:
16 (a) Inform mt He cords	(a) Accident, suicide, or homicide Accident
h Address Balt, more City Hospitals	(a) Accident, suicide, or homicide 77
17 10 Burial 1 Date thereof nov. 21.19	Where did mury occur) Oultwerk, mi
(month) (day) (year	d Did injury occur about home, on farm, industrial place, in pub
Cemetery or crematory Cathedral.	d) Did injury occur about theme, on family the place? Street While at work? No
Location Baltimon	place? Street While at work? No
18 a) Funeral director Scuta Wurdefuld	(e) Means of injury Fell while crossing street
6 Address 914 Grumount the	23. Signature Dr. Woodword M. D.
19 a Revistrar	Address Balto cary took. Date signed 1 18 -
tal red by regitari	arough moderathy anima HJ.

VS 3

#### CERTIFICATE OF DEATH



CERTIFICATE OF DEATH		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State 11d. (b) County	
b) Street address 927 E. Biddle St.  (c) Hospital or institution:	c City or nown Balticas Care afforting city or tewn limits, write RURAL	and give town)
(d) Length of etay in hospital or inst. (yrs., mos., or days)	If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days)	it foreign both, non-long in order	vide provide
3 a FULL NAME George F. Truelove		0
3 b) If veteran, name war  3 (c) Social Security Account No.216-12-818	3 20. DATE OF DEATH 100 199. 1939.	.345 M
4. Sex 5. Color or race 6 a Single, married, widowed, divorced. 1 1 CWEY	ed deceased from Nov 17 1939, to	V 17 1927.
6 % Name of husband or wife liery Jane lienning 6 % If alive, give age ye	Immediate canse of nearn	Duration
7. Birth date of deceased mo, day, yr Feb. 14, 18 8 AGE: Years Months Days If less than one day hr m	nin. The to for Internal copsule)	novn
9. Birthplace Virginia 10. Usual Occupation Scalerid, Super, Bal	Due to askerio pelacosio	Mukay
11. Industry or business Water depet.		PHYSICIAN
12 Name George R. Truelove 13 Birthplace England	Major findings:  Of operations	( nderline the
E 14. Maiden Name Liza Simpsun	Of autopsy	dea h ho ld be
15. Birthplace England	22. If death was due to external causes, fill in the fo	llowing:
16 Informent 1199 Florence Truelove h Address 227 E. Biddle St.	(a) Accident, suicide, or homicide	
17 (a) Burial commation, or removal (b) Date thereof (1-22-2)	(b) Date of occurrence (c) Where did injury occur? (City or town) (Country or town)	
(c) Cemetery or crematory Jatlednel	(d) Did injury occur about home, on farm, industrial While at wo	place, in publi k?
Location Deltinore	(Specify type of place)	7
18 a Funera director Rits Riedereld 914 Greenmount Ave	23. Signature William H. K	ray ht
100 V 20 19 200 be with gove Hilliams	23. Signature Selliam N. K. Address / O & Beddle & Date signature	ned 11/20/

## HEALTH DEPARTMENT—CITY OF BALTIMORE F 63089

CERTIFICAT	E OF DEATH 43-C	14510
1 PLACE OF DEATH	Registered No	arred in
CITY OF BALTIMORE: (No. 3011 Trayson	of street and num	nber.)
Length of residence in city or town where death occurred lyrs.	If U. S. Veteran	
Charles Edurande	A and specify WAR	•
(a) Residence: No. 3011 (Usual place of grants)	St., Ward • D • 111	1 State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Rale White 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year)  22. 1 HEREBY CERTIFY, That I attended decea	10.7.9.
HUSBAND of Gary & (ne Slagle)	I last saw him alive on Nov 15, 1939. Der to have occurred on the date stated above, at 3 2 m.	ath is said
S. DATE OF BETH (month, day, year)  If LESS than	mt and sever of death and related causes of	Date of enset
1. AGE 61 lears 14 l day hrs. or min.	mycanthis	7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or bookseeper in which		29
work was done, as silk mill.  paw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  spent in this occupation	Other contributory causes of imperance. Silitation	
12. BIRTHPLACE (city or town)	Was an operation performed Date of	
(State or country)	For what disease or injury?	
E 12. NAME John J. Long	Name of operation	
14. BESTROPPACE (city or town)	What test confirmed diagnosis? Was there an autop  23. If death was due to external causes (violence) fill in a	lso the fol-
15. MAIDEN NAME Adel Warrick	23. If death was due to external causes (violate) lowing: Accident, suicide, or homicide?	19
16. HIRTHPLACE (city or town) (State or country)	Where did Injury occur? (Specify city or town, county, a Specify whether injury occurred in industry, in home, of	and State) r in public
17. INFORMANT Sterling J. Jay	Manner of injury	
	Nature of injury	of decreased?
18. ENDERTAKER Hayry & Witzhe	24. Was disease or injury in any way related to occupation	
20 HIED . 10 Structure for Helicanish	(Address) 753 W Top	acte >
NOV DA 10 44		

Registered No.

F 63090

CERTIFICAT	E OF DEATH	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) Sun hel' (b) County	
a) Baltimore City, Maryland	a) State (h) County	
b) Street address / S / Well Com	(c) City or town	
c) Hospital or institution:	(c) City of the city of town limits, write RURA	L and give town)
	Market No. 1815 Welken	- cen
the state of the state of the state of days)	(If rural give location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
e Length of stay in Baltimore (yrs., mos., or days 5 7 90	(e) it fereign born, now long in cross as	
(a) FULL NAME Geo. Vom. Hammo	nd continuention	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	. 01.
No. 220-07-8200	ZD. DATE OF DESTRUCT	7. 11. 99 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above etal	ed; that lattend-
n. W. divorced married	12 mad from (1114) 18 1939, to MY	19
77 1. 6 7/	and that I last saw hin alive on Nov 9	934
(6/6) Name of husband or wife 1 ates 5. Hammon	Aldburkaa	Duration
HE MESSAGE	Valerie Welmories: Ludorode	40
7. Birth date of deceased (mo., day, yr.) // 2.0//3	Cla neplortes Cessury	
8. AGE y Years   Months   Days   If less than one day	3 HoleRolling	
66 24 3/1 hr. min	Due to CALOT TO COLOT	
mal. No		
9 Birthplace (Town, county, and state)	Due to	
10. Usual Occupation Wellens China alle	July Dedug	1
11. Industry or business Boulling	Conditions Conditions	PHYSICIAN
5 Jea. 4pm. Hammond	(Include pregnancy within 3 months of death)	Phisician
12. Name Seo. WM.	Major findings:	Underline the
13. Birthplace	Of operations	death should be
14 Maiden Name Batherine Jones		charged statis-
	Of autopey	tically.
15. Birthplace	If death was due to external causes, fill in the	following:
16 (a) Informant Mrs. / Talle G.	(a) Accident, suicide, or homicide	
(b) Address 1815 wilken	(b) Date of occurrence.	
Burial (b) Date thereof 11/20/39	A July and Add injury occur?	nunty) (State)
(flurial, cremation, or removal) (month) (day) (yes	(c) Where did injury occur. (City or town) (Co	
(c) Cemetery of crematory	(d) Did injury occur about home, on farm, industri	ork)
3801 721 11. 720	place? (Specify type of place)	
Location of the Little		7
18 (a) Funeral director Harry	(e) Means of injury astral (1) Mile	less
(b) Address 4101 C amo	23. Signature	2001
19 (a) (b) the Registrar	Address 2 151- Welling & Date	iigned 11930
(Date rec d by registrar) Registrar		

HEALTH DEPARTMENT-CITY OF BALTIMORE 63091

3091

CERTIFIC	CATE OF DEATH
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1419 W C)	Registered No
50	of street and number.)
Length of residence in city or town where death occurred 5 yrs	mos. How long in U. S. If of foreign birth? yrs. mos.
2 FULL NAME DENJamin	16 Stallfly aperity WAR
(a) Residence: No. 14 19 10 Collection (Vacati place of abode)	St., Ward.  (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Single Married, Wider	wed, as party on pratty (much day most // /8/ .1939
Male white widower	22. I HEREBY CERTIFY, That I oftended deceased from
Ba. If married, widowed, or divorced HI SBAND of	I lest naw has alive on 1 S 18 G. Death is said
(or) WIFF of Late Ella Stalling	to have occurred on the date stated above, at 12 m.
6. DATE OF BIRTH (month, day, year) / COV 8, /8/6	The principal cause of death and related causes of importance were as follows:
// I day	Description of the second North Park State
S Trade vertesion or particular	e Hural anghasin
kind of work done, as spinner, foul oserale	
9. Industry or business in which to spen tee.	***************************************
U 19. Dote deceased lost worked at   M. Total time (years)	Other contributor and Cimportance:
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Was am operation performed? Date of
(State or country) Dalle Che, Mi	Con what disease or interv?
13. NAME Welliam & Stalling	Name of operation
5 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there on autopay?
(State or country) (2) all	23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME May & Mavariany	Accident, suicide, or homicide? Date of injury 19
16. HIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT MIO NOTHIAU Grimes	Specify whether injury occurred in industry, in about
(Address) 14/9 U Ostond off	Manner of injury.
16. BURIAL, CREMATION, OR REMOYAL	
Place outdon Sail Date 11/3/1.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
tole I toway of	24. Was disease or injury in any way related to occupation of
10. UNDERTAKER Collins of	- Allther Down K.D.
warman a sono multi- to the litheauth	- Bread Month and lines
20. FILKED 1 1939 Partie Regis	drar.   // Midray

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



PLACE OF DEATH:  Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State  Md. b) County
Hospital or institution:  Bultimore City Hospitals  d Length of stay in hospital or inst. (yrs., mos., or days) 6mo	(c) City or town selto.  (c) City or town wellow town limits, write RURAL and give town)
Length of stay in Baltimore yra, mos., or days life	(c) If foreign born, how long in U. S. A.? years
(a) FULL NAME	
(b) If veteran, name war 3 (c) Social Security According No.	medical certification  29. Date of Death Woulder 17 19 39, at 6 30 p.m.
Sex 5. Color or race 6 a) Single, married, widowed divorced widowed	21. I certify that death occurred on the date above stated; that lattended deceased from Quit 29 1939, to Nov. 17 1939
Name of husband or wife And rew 6 (c) If alive, give age y	and that I last saw her alive on how. 17 19 39.  Cars Immediate cause of death  Cutture cluster bliscase  Duration  nullmorm.
Buth date of deceased mo, day, yr 10-9 859  AGE: Years Months Days If less han one day hr  Buth date of deceased mo, day, yr 10-9 859  If less han one day hr  Md.  H.W.  H.W.  H.W.	Due to  Other Conditions
12 Name John Beohl 13 Birthplace Germany 14 Maiden Name Mergaret	Major findings: Of operations  Of autopey hat dence
16 (a) Informant B.C.H.Records	22. If death was due to external causes, fill in the fall wing  (a) Accident, suicide, or homicide  /aa  b) Date of occurrence
Burial  Cemetery or crematory Sacred Heart Cem German Hill Rd  Location  18 a Funeral director Ally + Jules / N  Address  19 Address  Revietre	(d) Did injury occur about home, on farm, inclustrial place, in public place?  While at work?  While at work?  While at work?  Signature  M. D.  Butto City Hosp.  Date signed 11-18-39

HEALTH DEPARTMENT—CITY OF BALTIMORE 63093 CERTIFICATE OF DEATH Registered No. Sinai Nospilar (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the Langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of the langth occurred to the langth of the langth occurred to the 2. FULL NAME .... mai aged Home Ward ill non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, or Divorced (write the word) I HEREHY CERTIFY, That I attended deceased from 4. Color or Race 3. SEX \_\_\_ 1929 White single Ang. 12. 1839 in 19 019 35 Death is said 5a. If inserted wildowed, or divorced M1 SBAND of I lust saw half alive on to have occurred on the date stated alde, at .... (or) WIFE of The principal cause of death and related causes of 6. DATE OF HIRTH (month, day, year Por, Date of enset If LESS then [here Months : AGE 1 day hre. igoette Sangrene Sepsio July, 19 or min-. Tende, profession, or particular kind of work done, as spinner, Diabetes guel sawyer, bookkeeper, etc. ..... 3. Industry or business in which werk was done, as silk mill, Carrio vasaula eteris clerata saw mill, bank, etc. 11. Total time (years) in. Inte decenned last worked at spent in this O pesit this excupation (month and occupation. Aug 24, 1939 Was an operation performed ... 9460 NI FROLE T 12. HIRTHPLACE (city or town) mod (State or country) Name of operation A respectation Frank Lam II. NAME CO Back. What test confirmed diagnosis! 23. If death was due to geternal causes (violence) fill in also the fol-14. BIRTHPLACE (city or town) mol (State or country) lowing: Dute of injury ..... Accident, sulcide, or homicide 15. MAIDEN NATTORN Wrealfield where did injury occurs (Specity city or town, county, and State)
Specify whether injury occurred in ludustry, in home, or in public 16. BIRTHPLACE (city options) ... State or country ! 1. INFORMANT MISS of Wheatfield place ..... Home Manner of injury mai ( Asselvana) 18. HI RIAL, CRPMATION, OR REMOVAL Nature of infury 21. Was disease or injury in any way related to occupation of deceased? Mattel Trundship Tito 11) 910 Il mon /14 119 19. INDESTABLE Stavid . M. D. Address 902 Entaw Klace Registrar. 26, 11111) n 1000

63094

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63094

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State Wd . County Cure Cruwled
(d) Length of stay in hospital or inst. (yrs., mos., or days)	City or town (If outside city or town limits, write RURAL and give town)  d Say No.  (If regal give heatien)
(c) Length of stay in Baltimore (yrs., mos., or days) Noue	(e) If foreign born, how long in U. S. A.?
3 of FULL NAME Wayne Parmenter	
3 (c) Social Security Account No.	20. DATE OF DEATH ROSember 18 139, At 8 P, M
4. Sex 5. Color or race 6 a Single, narried, widowed, or divarced. Child	21. I certify that death occurred on the date above stated; that lattended deceased from 700.18 1939, to 2018 1939.
6 (h) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death Wood & Jouallan 10 days.
7. Birth date of deceased (mo day, yr. Will 21, 1936.  8. AGE: Years Mopths Days If less than one day  3. Years br. min.	Due to Dipithina Breillus
9. Birthplace Cook Box House (Town, county, and state) 10. Usual Occupation Child	Due to
11. Industry or business  12. Name William Parwenter	Other Conditions  Include pregnancy within 3 months of death
13. Birthplace Booth Box Harbon Marie	Major findings:  Of operations  Underlin the cause to which death should be
14. Maiden Name Frances Colby Warie	Of autopsy not done -   charged statistically.
16 (a) Informant Falker, William Parmout	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 g Runuyal b Date thereof Nov. 2u, 1.	b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State)
(Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Cothoan parter, Lincoln Co., la  18 a Funeral director Alamoreau	(Specify type of place)  (e) Means of injury
b Address 1000 W. Boutimore ot.	23. Signature Jacob M. D.
19 (a) Bige recidity rucistrary western inter Rivistrary	Address Date signed

63095

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



	A MENAL PROPERCY OF DECEASED.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	a) State All (b) County	
b) Street address A. Calmert St.	//	
100	(c) City or town Ballumbre	-
(c) Hospital or institution:	if outside city or town limits, write RURAL	L and give town)
Mercy Has petal	d) Street No. 1105 N. Lugerne	Uss.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 here	(fried and location)	
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yr.	(e) If foreign born, how long in U. S. A.?	yeare
	EHLER)	N. Tan
1 2 1 6 1 1 6 1 A	MEDICAL CERTIFICATION	
3 (b) If veteran, name was No. 2/3-10-0372	20. DATE OF DEATH PLAN. 17 4 1939	. at 3 %/ M
4. Sex 5. Color er race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	ed, that lattend-
divorced /	ed deceased from How, 17 1959, to How,	17 1989.
	and that I last saw hoose alive in Red. 17 19	39
6 6 Name of bioband or wife 1.1 course ) of Lar		Duration
6 (c) If alive, give age years	Cere bral Hemore hage	4 Bre
7. Birth date of deceased (mo., day, yr.) Lept 2nd 1884	Cereoral Hemonay	TANO
8. AGE: Years Months Days If less than one day	11.1 1 10 001	
	Due to Hy per lineed land. Vax.	1
33 W 13	Distance	620
9. Birthplace Bellimore mis	Due to	0
(Town, county, and state?	Due to	
10. Voual Occupation Mellisone	01 0 1	
11. Industry or business Transit Company	Other Conditions	
12. Name Caneal Johler	(Include pregnancy within 3 months of death)	PHYSICIAN
E 12. Name	Major findings:	1'nderline the
13. Birthplace Sermant	Of operations	cause to which
al Weitigh		death should b
E 14 Maiden Name	Of autopey Wasel	charged statis
\$ 15. Birthplace Delleware The	22. If death was due to external causes, fill in the fo	
16 a Informant Welkersella . Jakelle	(a) Accident, suicide, or homicide	
1) Address 1 D. N. M. Charles Coll.		
17 a Brownie 1 Date thereof nove. 21 - 39	(b) Date of occurrence	
(Burial, cremation, or removel) (month) (day) (rear)	(c) Where did injury occur? (City or town) (Cou	nty) (State
Note Wedgemen	(d) Did injury occur about home, on farm, industrial	
(c) Cemetery or crematory	W/kile at wo	
Location Belger Charge	(Specify type of place)	
Sal y hamally		
18 (a) Funeral director	(e) Means of injury of Louis a O. Vals	lower
(b) Address	23. Signatura	M., D.
19 (a) NOV a (b) de la	Address Mirey Hospile Date in	gned 11/17/29
19 (a) As ( ) (b) Registrate	Address IIII	

Mildentille M

Registrar

#### CERTIFICATE OF DEATH. REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number. (If non-resident give city or town and State) How long in U.S. if of foreign birth? MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (month, day, and year) Nov. 19 193 I HEREBY CERTIFY, That I attended deceased from nov. 14 . 10 39 to nov. 19 , 1939 that I last saw he milive on Mor- 18 and that death occurred, on the date stated above, at (Secondary) (duration) 18 Where was disease contracted if not at place of death? Did an operation precede death? no Date of Was there an autopsy? What test confined diagnosis? \*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accidenta Suicidal, or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL ADDRESS 20 UNDERTAKER

#### F 63097

## Haeffner BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



CERTIFICATE OF BEATT		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State	
Street address  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or day)	(c) City or town If out id city or town In to, write RURAL and give town In to Street No. 30 17 (Street No. 30 17 (If real give location)	ري
d Length of stay in nospital of the days	e If foreign born, how long in U. S. A.?	care
Length of stay in Baltimore (yra., mos., or days)		
a FULL NAME Amma Couldney	MEDICAL CERTIFICATION	
b) If veteran, name war No 212-07-1412.	20 DATE OF DEATH ) . 19 . 3 9 19 . at 6 W	∨ M
Sex 155, Gold or page 6 a Single, married, widowed, or divorted.	21. I certify that death occurred on the late above stated, that lattered deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	39
6 (b) Name of husband or wife 6 (c) If stive, give age years	Immediate cause of death. Hally will burate	39
7 Birth date of deceased mo, day, yr Dec 15-1916  Months Days If less than one day	of stowach	3 /
7-23 11 4 hr min.	Durancimo ma a stom o	
9. Birthplace Ballo Jacoppin, and tate) (1	pre 10 faction and mem o	3
10. Crual Occupanion	Other Conditions Maries Tours	
11. Industry or business	PHYSIC Color of death PHYSIC	CIAN
12. Name Leter It Hough	Major findings:	
13 Buthplace Balto	Of operations death she	omid he
14 Maiden Name To Charles	20 Of autopsy Concurrency Stand tirally	'at's
5 15. Birthplace Balto Como	22. If death was due to external causes, fill in the	
16 (a) Informant eter bouffer auch	(a) Accident, suicide, or homicide	
(b) Address 30.17 3 + 4 000 000 000	(9 (b) Date of occurrence	
17 a Bernal b Date thereof (month) (day) (sea		itate
Hurriel, commation, or removal) toly Tudeumer	(d) Did injury occur about home, on farm, industrial place, in	ривн
Cemetery or crematory	place? (Specify type of place) While at work?	
Location Sterr Son	· · · · · · · · · · · · · · · · · · ·	
18 a Funeral director ave	23. Signature W. R. Current	D
by Added 33	B Address St. Josephs Hosp. Date signed Il A	12/3
(Date rec'd by registrar)		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



F 63098 Registered No.

NAME OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH: a) Baltimore City, Maryland	(a) State MD (b) County	
b) Street address c) Hospital or institution:	Raltimore	L and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	(If rural give location)  (e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME OWENS - Emily		
3 (b) If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH NOV- 12 193	9. a.3 AM
7- Sex Black Black	21. I certify that death occurred on the date above stated deceased from NoV 11 1939, to No and that I last saw her alive on NoV 121	A. 17.19.2.1.
6 (b) Name of hunband or wife 6 (c) If alive, give age year		Duration 43 hrs.
7. Birth date of deceased (mo., day, yr.) 11-11-39  8. ACE: Years Months Days If less than one day	-	000 000 0000 00
8. AGE: Years Months Days If less than one day	Due to	******
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	_
11. Industry or business  12. Name Moses Owens	(Include pregnancy within 8 months of death)  Major findings:	PHYSICIAN  Underline the
13. Birthplace	Of operations	death should be
14. Maiden Name	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	following:
(b) Address	(a) Accident, suicide, or homicide	
17 (a) (Burial, cremation, or removal) (month) (day) (yet		ounty) (State)
(c) Cemetery or crematory CHALL NOT 20 193	(d) Did injury occur about home, on farm, industri	rork?
Location Commissioner of Health	place? (Specify type of place)	
18 (a) Funeral director	23. Signature Newry P. Sallars	
b) Address  19 (a) Registrar  Registrar	Address the Hopkin Her pare	signed//-/33
VS 2		Burney L. L.

## CERTIFICATE OF DEATH

49284 SDF 63099
Registered No. ....

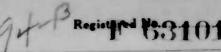
F 63099	CERTIFICATE	OF DEATH 136-0	
		2. USUAL RESIDENCE OF DECEASED:	
CLACE OF DEATH: Baltimore City, Maryland 4940 Saste Street address Hospital or institution: Baltimore City Hospit Length of stay in hospital or inst Length of stay in Baltimore (yrs.	rn Avenue	(c) City or town (If outside city or town limits, write RURAL Street No. 422 S. Caroline Street (If rural give location)	L and give town)
			V
b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH // 8 189	. at 7 55 AM
Sex 5. Color or race 6 (div	a) Single married widowed, or vorced. Separated	21. I certify that death occurred on the date above stated deceased from 10 - 17. 19.39, to 11 and that I last saw him alive on 19.89.	-8 1937.
Birth date of deceased (mo., day  AGE: Years Months Day  43 11 13  Birthplace Maryland  O. Usual Occupation  1. Industry or business  12. Name James Will  13. Birthplace Cambr	Nov. 25, 1895  If less than one day  hr. min.  own county, and state)  ork  lls  idge, Md.  r Sanders	Due to Winay retru  Due to Winay retru  Due to Winay retru  Due to Winay retru  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations Wrinay Extravosate	PHYSICIAN Underline to cause to white death should charged stattically.
16 (a) Informent Reco	b Date thereof	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	County) (State rial place, in pub work?

183

DEPARTMENT	-CITY OF BALTIMORE 63100
HEALTH DEPARTMENT	DOE DEATH
N	E OF DEATH  Registered No
1. PLACE OF DEATH	a hospital or institution.
TTY OF BALTIMORE: (No. 100)	of street and number.) of street and number.) mos de Howlong in U. S. If of foreign birth?
at a worklenge in city or town where death occurred . Sit.	moa
NINE MINE MINE	have some the house the form of the same o
2012 1 11 11 11 11	St., Ward.  (If non-resident give city or town and State)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. Single, Married, the word)	21. DATE OF DEATH (month, day, year)
I married	Marity Hallori
a. If married, widowed, or drywood.	I last raw her alive on Mar 18, 100 Death is said
(or) WIFE of 2/1/525	to have occurred on the date stated above, and the principal cause of death and related causes of
DATE OF BIRTH (menth, day, years   Days   If LESS than	Important weight
AGE 63 18 19 19 1 day_hrs.	- Moores fold get
K. Trade, profession, or particular Nonge wife	1 - 1 otrase 4/18/3
sawyer, bookkeeper, etc.	questa della
9. Industry or a dotte, as silk mill,  saw mill, bank, etc.  10. Date decensed last worked at spent in this	In booty meanine 100
this occupation of a compation of	no mud
12. HIRTHPLACE (city or town)	Was att operation performed
State or country	For what disease or injury!  Name of operation.
12 NAME	What test confirmed than the following (violence) fill in also the following
14. BIRTHPLACE (city or town) (State or country)	23. If death was due to external caucation lowing: Accident, suicide, or homicide?  Date of injury
E 15. MAIDEN NAME Myt.	and State)
16. BIRTHPLACE (city or town).	Specify whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry, in home, or in published whether injury occurred in industry.
II. INFORMANT PAIR STATE	Alace —
(Address) 2012 1	Manner of Injury
18. Be RIAL CREMATION, OF RENOVAL NOV, 21.	Nature of injury in any way related to occupation of decrees
June of cok Syfe	11/19/3911 no. Arectly 16 M.
19. INDERTAKER PROPERTY NORTH OF CO.	(Signed) 1605 W. Moreto low
134 214 1 1020 10 10 10 to the Milliant	(Address)
1 2 H 1303 France	

#### 63101

## CERTIFICATE OF DEATH



PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
) Baltimore City, Maryland	(a) State (b) County	
Street address 3413 Park Heights Ave Hospital or institution.	(c) City or town Baltimore (d) City or town limits, write RURA	L and give town)
5. No. 1.1.	d Weet No. 3413 Park Heights	Ave.
Length of stay in hospital or inst. (yrs., mos., or days)		years
Length of stay in Baltimore (yrs., mos., or days) 23 yrs	C) it totelgh both, now long it of our all	
(a) FULL NAME WILLIAM AUGUSTUS FAR	MER	
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	2 1 F
no No. none	20. DATE OF DEATH November 18 139	, at 3 . 10 M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21 1 - wife shot death occurred on the date above sta	ited; that lattend-
Vale White divorced Marries	ad deceased from several 1900, 10	19 19,
b Name of husband or wife live mcGall Farmer	and that I last saw h & in alive on	
O C II allee, Kive ave	Immediate cause of death	Durstion
. Buth date of deceased (mo., day, yr.) Sept. 20. 1838	Due to general arture relevon	· lo her
AGE: Years Months Days If less than one day	Jacob any section 1500	
71 1 28 hr. min.	Due to	is secund go
Birthplace Walterboro, So. Carolina	The second will be a second with the second	
(Town, county, and state)	Due to	
O. Usual Occupation Mech. Fingineer Petires	Other Conditions	_
1. Industry or business		PHYSICIAN
12. Name Charles B. Farmer	(Include pregnancy within 3 months of death)  Major findings:	Underline th
13 Birthplace South Carolina	Of operations	enuse to which
14. Maiden Name Wary Jenkins		death should l charged stati
15. Birthplace South Carolina	Of autopsy	tically.
15. Birthplace 16 a Informant Vrs. Alice Farmer (Wife)	22. If death was due to external causes, fill in the	following:
b Address 3413 Park Heights Ave.	(a) Accident, suicide, or homicide	
	(b) Date of occurrence	
17 a Furial cremation, or removal) (month) (day) (year		ounty) (State)
Cemetery or crematory Druid Ridge	(d) Did injury occur about home, on farm, industr	ial place, in publ
Leaving Bulto. County. Sen 1. Jank.	place? (Specify type of place) While at v	vork?
HOT BY SANDER & SONS. INC.	(a) Manne of injury	
b) Address Fultinore St.	23. Signature MIS were and No	A D
(b) Address 1000 is to to Waling 110	Address 2200 Januar Bled Date	signed 11/20
19 (6) ( O O O O O O O O O O O O O O O O O O	Address J	11

## CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Registered No.

	2. USUAL DESIDENCE OF DECEASED:	77.77
PLACE OF DEATH:		
PLACE OF DEATH:  Baltimore City, Maryland  Street address 1423 & Fairneountle	(a) State Da of in are)	
	(c) City or town	and see to n)
Hospital or institution:	1 1122 & frairmou	ware
	d) Street No. 1473 E. Fraction	
Length of stay in hospital or inst. (yrs., mos., or deal		years
Length of stay in Baltimore yrs., mos., or days,	(e) If foreign born, how long in U. S. A.?	
Length of stay in partition year		
(a) FOCH NAMES Mescott	MEDICAL CERTIFICATION	
3 c) Social Security Accou	20. DATE OF DEATH COTCULER 18 1939	9:50AM
(b) If veteran, name was	20. DATE OF DEATH COT CLUBE TO 190	, at /
5. Color or tace 6 (a) Sinely married, widowed,	1 .1 . I . I . I . I . I . I . I . I . I	O: that latte no-
gex a divorced tilow	1039 10	
swale Contain	and that I last saw h alive on work . 1 x 19	
6 b Name of husband 6 c Kalive, give age ye	are Immediate cause of death	Duration
	no Put. Interculosio	1. In certo
7. Birth date of deceased mo, day	- Pul. Tulier accord	180
8. AGE: Years Months Days	Due to	
34 18 4	nin. Due to	
Baltimere, like	Due to	
9. Birmpiace Town, county, thate	10	
10. Usual Occupation	Other Conditions	
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Assist / bleed.	Major findings:	Underline the
va.	Of operations	cause to which death should be
13. Birthplace Throng Staham		harged statis-
14 Maiden Name	Of autopsy	tically.
15. Birthplace		following:
16 (a) Informacianal Mesent Thatas	(a) Accident, suicide, or homicide	
6 Address 21 % spring St.	A Date of occurrence	
8	27 Jun - did injury occut?	unty) (State)
(monu) (day)	(d) Did injury occur about home, on farm, industrict	
(c) Cemetery or crematory M. Calvacia.	While at w	ork?
	place? (Specify type of place)	
Location Roberth Growing		lines
18 (a) Funeral director 7 Carrelile	23 Signature N.a. Millian	M. D.
(b) Address 804 W. Car	23. Signature N.a. Meelue Address 2230 Earlan Pl. Date	igned wov. 2
19 (a) (b) Registr	rar Address	1939
Date the d by registror!		-

## HEALTH DEPARTMENT—CITY OF BALTIMORE

	[6-29 L F	WEALTH DE	EPARTMENT-	CITY OF BALL	n 3		
11	0.3	HEADIN D.			1		
, «			CERTIFICATE	OF DIMILIA	REGISTER	ED NO.	
				1 . 0	KEGISTER	(If death o	ccurred in institu-
. 10	PLACE OF DEATH		11	1 150	WARD)	a hospital o	NAME
1-1	OF BALTIMORE:	1120	Wester	DO STA	WARD	instead of s	treet and
7.37	OF RALTIMORE:	(No. 1620		- 00 -		number.)	
111	OF BADI		Kande	up _	enter (matthey man physics 18		
	- word	More	4		WARD	4000	n and State)
2-1	C DIS THE	una U	) estevo	OP ST	(1f non-resid	dent give city or tow	mos. ds.
(0)	RESIDENCE NO.	1420	29	da. How long in	U. S., If foreign	birth.	
(a)	(Usual place of abo	de)	curred yrs. mos.	MEDICA	L CERTIFICATE	OF DEATH	D .00
ngth	of residence in city of t	TOTAL PARTI	CULAIIS				1.190
		Allsing	Widowed.	16 DATE OF DEATH (	month, day, and	NO V	-
ev	4 COLOR OR	RACE 5 Single, M	ed, (write the word)	12		That I attended	deceased from
FX	1 .	1 711	arried	1 HEREBY	CERTIFI	That I attended	1937
M	all lowe	4		8 8 0	, 19 3 8 10		133 9
1 m	narried, widowed, or div	orced (1)	-udall		alive on M	00.18	1
1	HUSBAND of	ette Vie	man	that I last saw n t	data ets	ted above, at	
		and year)	1.9.1900	and that death occurre	d, on the date	^	0
DAT	TE OF BIRTH (month,	nay, kild 700 700	If LESS that	The CALSE OF DEAT		ven Lube	routes
_	Vaces	Months Da	1 day, hrs	Pul	mone	vay rus	
AGE	na	1 9	6	1			
	27			4 . covedov de ade			0 000 0 000 0 00000
occ	CUPATION OF DECEA	21.11				0)	mos
	10 noleseles	nusi	can		(dura	tion) yrs	
DA:	rticular kind or	matry	- pl				0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b	General nature of industries, or establishment	in	un no una vancana o camana a cantaca can accesaran	CONTRIBUTORY (Secondary)		ation) yrs	mos
hu	usiness, or establishment hich employed (or empl	oyer)				actony	
4.0	e) Name of employer	0 1	1	18 Where was diseas	e contracted		3,000
		( Sall	unjour	if not at place of	- C	Date of	
9 BI	ERTHPLACE (city or t (State or country)	~	nd	Did an operation pr	eeede death	1	1
		00.00.	(1) and al	Was there an autop			
1	10 NAME OF FATHER	Phyllip	svanne	- Was there an autop	diagnosis?	-0 1	1.1
			win) ~	What test confirme	X	year Sugar	bery. M
00	II HIRTHPLACE OF I	ATHER (cuy or A	anyland	(Signed)	cours	22.	1Van
To Spinet	(State or coun'ry)		6	11 11	dress) 175 6	3 ruso	My W
AREN	12 MAIDEN NAME O	F MOTHER MA	gry zurs	11/1	C Des	th, or in deathy fre	om Violent Ca
4			1	State the Dis	and Nature of	Injury, and (2)	il space.)
	13 BIRTHPLACE OF	MOTHER (che or	Value	state (1) Means	idal (See revers	Injury, and (2) e side for additions	DATE OF BU
	(State or country)	W	any com	19 PLACE OF B	URIAL, CREMA	TION OR RE-	DATE
	(State of country)	(SLA	mer.	19 PLACE OF B	101		11-20-
14	RAN	a cou		74	Talve	my -	ADDRESS
	Informant UV	o wen	W DA GU	20 UNDERTAKE	R	, Love	1129 %
	(Addres) / CA			20 0.417	1 / 11:4	HALLA	Agrales
			2 14				The second second

### 63974572

### CERTIFICATE OF DEATH

133 Registered No. 133104

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) State Md (b) County Howa	rd
b) Street address	(c) City or town Ellicatt City (If outside city or town limits, write RURAL	
c) Hospital or institution 104NS HOPKINS HOSPITAL	(If outside city or town limits, write RURXL;	and give town)
d Length of stay in hospital or inst. (yrs., mos., or days) 3 das	d) Street No. Route # Z	
e Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME		
3 (a) FULL NAME  Raymond Moore  3 (c) Social Security Account  No. Hone	MEDICAL CERTIFICATION  20. DATE OF DEATH 20. 19. 1939.	at 2 F. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above stated	that lattend-
mole Black divorced Single	ed deceased from Nov 16 19 39 to IVov	1919 09
6 b) Name of husband or wife	and that I last saw himalive on Noy 19 19	
6 (c) If Ove, give age years	Immediate cause of death	Correction
7. Birth date of deceased mo, day, yr. 25, 1919	n arma	1
8. AGE: Years Months Days If legthan one day	Due to Chroni C.	
25 3 84 hr. min.	sullone phratical	>
9. Birthplace Mary 1and (Town, county, and state)	Due to /	
10. Usual Occupation Laborer		
11. Industry or business	Other Conditions	
12. Name Ray mond moore	(Include pregnancy within 3 months of death)	PHYSICIAN
E 13 Birthplace Md.	Major findings:	Underline the
14 Maiden Name Mary Jenson	Of operations	death should be
14 Maiden Name	Of autopay Pyelone phop & Midney	charged tatis-
15. Birthplace Md.  16 (a) Informant Records	22. If death was due to external causes, fill in the fall	owing:
	(a) Accident, suicide, or homicide	•
(b) Address (1) Jan 124	(b) Date of occurrence	
17 (a) (b) Date thereof (year) (year)	(City or town) (Count	
(c) Cemetery of crematory Theolega For	d) Did injury occur about home, on farm, industrial p	lace, in public
Location Catorwille Mid (	place? While at work	}
18 (a) Funeral director Coligination	(A) Marca Chainny	
(h) Address Client City, male	23. Signature This. mor. One	м. D.
NIIV 9 0 1020 47 44 4- M///		ed 11/29/39

### CERTIFICATE OF DEATH



CERTIFIC	1
PLACE OF DEATH:  Baltimore City, Maryland  b) Street address	2. USUAL RESIDENCE OF DECEASED:  (a) State had (b) County  (c) City of town 13 alternation 1. Al
Hospital or institution.  Let your hospital or inst. yes miss or days	(c) City of town Balty Wolfer wer from and give town)  (if 12:00 Halles your Village Preston (if rural give location)
d Length of stay in hospital or inst. (yrs., mos., or days).  e) Length of stay in Baltimore (yrs., mos., or days). 7 yrs.	(e) If foreign born, how long in U. S. A.) years
FULL NAME JOHN O'KEE	FE
3 h If veteran, name war 3 (c) Social Security Ac	20. DATE OF DEATH hovember 20 1939, at 8 a M
Mole White divorce Hidower	
6 (b) Name of husband or wife 6 (c) If alive, give age	obtained by said (Autor of r lands)  death on the day stated above.
7. Birth date of deceased mo, day, yr. Fred 24, 654. 8. AGE: Years Months Days If less than one day	Duration
9 Birthplace Harfiel Co. humband (Typh. ants. and Mate)  10. Usual Occupation 11 Industry or humbans Rankowski	Due to arteriore, general Due to
12 Name Shomes O'Kerfe	Other Conditions  (Include program y within B months of death)  PHYSICIAN
14 Maiden Name Catturene Ward	Major findings:  Of operations  Underline the cause to which death should be charged states
16 (a) Informant Records	Of autopsy  22. If death was due to external causes, fill in the following:
17 (a) Burial b Date thereof Nov. 2 (month) (day)	2.1939 (a) Accident, suicide, or homicide (year) (b) Date of occurrence
Location Ballinione	(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place)  While at work?
18 a Funeral director Rila Wiedefeld	(Specify type of place)  Role (c) Means of injury
19 12 10 At the transfer to	Date signed how 20, (43)

### BALTIMORE CITY HEALTH DEPARTMENT

92 - Registered No. 106

ACE: Years Months Day:  Birthplace  O. Usual Occupation  Direct Mader Name  11. Birthplace  12. State  13. Birthplace  14. Maiden Name  15. Birthplace  16. Date thereoff  16. Date thereoff  16. Date thereoff  17. Address  18. Date of occurrence  18. Date of adverse of death  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of death,  19. Date of de	3106	CERTIFICATE	OF DEATH		3100
Baltimore City, Maryland  Street address  Street address  Length of atay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  State to vorte town limits, write RURAL 194 sive to the foreign born, how long in U. S. All freeze to the foreign born,			2. USUAL RESIDENCE OF DECE	ASED:	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FUL NAME  A FUL NAME  A Connormal No.  Social Security Account No.  No.  No.  Social Security Account No.  No.  Social Security Accoun	Baltimore City, Maryland	Fayette X.	(a) State V	County	
Length of stay in Baltimore (yrs., mos., or days)    FULL NAME	dospital or institution:	V	(11 outside city o.	town limits, write RUI	the St.
MEDICAL CERTIFICATION  3 (c) Social Security Account No.  15 Color or race  6 (a) Single married, widowed, or divorced.  6 (c) If alive, give age  9 years  Birth date of deceased (mo., day, yr.)  AGE: Years  Months  Day  If less than one day  hr.  It less than one day  hr.  Due to  12 Name  13 Birthplace  14. Maiden Name  15 Birthplace  16 (a) Informant (b) Date thereut (month) Iday (year) (d) Date of occurrence (e) Where did injury occur? (c) Cemetery or crematory (d) Date of occurrence (e) Where did injury occur?  (g) Means of injury  (e) Means of injury  Alaco  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  19 4	Length of stay in hospital or inst.	mos., or days)	(e) If foreign born, how long	in U.S. As	yeare
No.  No.  (a) Single married, widowed, or divorced.  (b) Name of husband or with the first partied, give age years  (b) Name of husband or with the first partied, give age years  (c) If alive, give age years  (d) Birth date of deceased (mo., day, yr) Mcd. 31, 1871  (e) Birthplace  (fourth grant)  (b) Address 2 8 W.  (c) Cemetery or cremation, or removal)  (d) Date thereof (month) iday (grear)  (e) Cemetery or cremation, or removal)  (c) Cemetery or cremation, or removal)  (d) Did injury occur about home, on farml, industrial place, include a control of the place)  (e) Means of injury  (fourth)  (fourth)  (g) Means of injury  (h) Address  (g) Means of injury  (g) Means of injury  (g) Means of injury  (h) Address  (h) Addres		M. Canno	MEDICAL	L CERTIFICATION	11 A.
divorced. Republic for the following of husband or wife form of husband or wif		No.	20. DATE OF DEATH UC		and that lattend
b) Name of husband or with 6 (c) If alive, give age years 6 (d) Due to C.  Due to C.  Other Conditions  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, industria			1 1 Janes 172	193/, 10 1	the state of the s
Birth date of deceased (mo., day. yr.) M.C. Silver	b) Name of husband or with m	3 1 2 1021			Ju-
Other Conditions  Other Condit	Birth date of deceased (mo., day,	It less than one		pead to	344
12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant (b) Address 1 P W.  17. (a) (Burial, cremation, or removal) (c) Cemetery or cremator Location 3 Col  Location 3 Col  (a) Expected type of place)  (b) Means of injury  (c) Means of injury  (d) Means of injury  (e) Means of injury  (finelude pregnancy within 8 months of death)  (a) Acident, suicide, orthomicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in the place?  (e) Means of injury  (finelude pregnancy within 8 months of death)  (include pregnancy within 8 months of deaths)  (include pregnancy within	mg 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in, county, and state)		len sion	
12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16 (a) Informant (b) Address 2 1 W.  17 (a) Burial, cremation, or removal)  18 (b) Date thereof (Burial, cremation, or removal)  19 (c) Cemetery or cremator (C) Cemetery (C) Ceme	Usual Occupation	Galvert Blog			PHYSICIA
14. Maiden Name  15. Birthplec  16 (a) Informant  (b) Address 2 5 7 1 W.  17 (a) Burial, cremation, or removal)  (c) Cemetery or cremator  Location. Col.  (d) Did injury occur about home, on farm, industrial place, in place?  (e) Means of injury  (f) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury	12. Name Can	~ · ·	Major findings:	thin 8 months of death)	Underline to white death should charged state
(a) Accident, suicide, or homicide  (b) Address (b) Date thereof  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in place?  (e) Cemetery or cremator  (f) Location (c) Cemetery of Cemeters of C	4 /	at the state of	Of autopsy	- fill in	tically.
(b) Address 2 6 W.  (b) Date thereof (b) Date thereof (c) Where did injury occur? (City or town) (County)  (c) Cemetery or cremator (Specify type of place)  Location 3 7 0 1 (Specify type of place)  (c) Means of injury (Specify type of place)	1 15. Birthplace	met Gannon	22. If death was due to ex	homicide	
(c) Cemetery or cremator  (d) Did injury occur about home, on farm, industrial place, in place?  (Especify type of place)  (e) Means of injury  (e) Means of injury	(b) Address 2571 W	Fayell 21/3	9 (b) Date of occurrence	ur?	(County) (State
Location 3 0   Frederick Location of injury (8) Means of injury (alas	(Burial, cremation, or removal)	Date thereon (month) (day) (yea	(d) Did injury occur abou	t home, on farm, indu	ustrial place, in pu
Experience Harry H. Means of injury / Alas	30010	elinist By	place? (Specify type	A line.	Work?
	11	my H. wife	(e) Means of injury 23. Signature	Malas	M. D.
(b) Address 4/1939 In tuntumton I Maghitrat Address of N Julian Date signed Gov. 18	(b) Address 4/-039	intereston Williams	1 1-1	ultun D	Day 18/3

#### F 63107

## CERTIFICATE OF DEATH

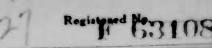


Registered No. F 63107.

and the same of th	DESIGNATION OF DESCRIPTION	THE RESERVE
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
1 D 1 C Manufand	(a) State Md (b) County	
Street address 4940 Eastern Comme	Betinge	
Hospital or institution:	(c) City or town	L and give town
Baltinore City Norpitals	1513 (Ninchester	At
Length of stay in hospital or inst. (yrs., mos., or days) 6 mos	Mistreet No. 1513 Winchester	
Length of stay in hospital of inst. lyrs., mos., of days.	(a) 16 forcing hour hour long in 11 S. A.)	Yeard
Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	
(a) FULL NAME Roymond Horsey		
A M veteran name with 3 (c) Social Security Account	MEDICAL CERTIFICATION	0 0
(b) If veteran, name will No.	20. DATE OF DEATH 940. 18 193	9. all 100 M
Sex   5. Color or race   6 (a) Single, pried, widowed, or	21 I metify that cleath occurred on the date above state	ed; that lattend-
Grand S. Color of race divorced.	ed deceased from May 10 1939, to Man	V18 1939.
	and that I last saw h smalive on Nov 18 19	939.
b) Name of husband or wife	II	Duration
6 (c) If alive, give age years	Immediate cause of death	march
Birth date of deceased (mo., day, yr.) Jet . 14, 1913	Tuber enlosin of the lungs	1434
B. AGE: Years   Months   Days   If less than one day	+	1
28 9 5 hr. min.	Due to	
manuland		
9. Birthplace (Town, county, and at 6	Due to	
10. Usual Occupation Bartander		
11. Industry or business	Other Conditions	
P	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Prougland	Major findings:	tinderline the
13. Birthplace	Of operations	cause to which
		leath should be
14. Maiden Name	Of autopsy	tically
15. Birthplace	22. If death was due to external causes, fill in the f	ollowing:
16 (a) Informant B. C. N. Records	(a) Accident, suicide, or homicide	
b Address		
- Para in 1 Date thereof 11-22-39	11 11 11 11 11 11 11 11 11 11 11 11 11	
(hirial crematich, or removal)		unty) (State)
(c) Cemetery or grematory mit away	(d) Did injury occur about home, on farm, industria	L >
Location Pool to mel	Specify type of place	OTK /
( Alexander Very Market		10.94
18 (a) Funeral director	(e) Means of injury Gallesse	
(b) Address 3/4 M Callinson S1.	23. Signature	M, D.
19 (a) (At intergetor Millians, M.D.	Address B. C. H. Date si	igned 1/8/3
(Dute reed by registrar) Registrar		

#### F 63108

### CERTIFICATE OF DEATH



T GOLD		
NACE OF REATH	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	a State Ind (h) County a a lo	*
Street address. Hospital or institution: Thraversity Hospital	Aller No 1st + a st	L and give town)
Length of stay in hospital or inst. (yrs., mos., or days) 19	(c) If foreign born, how long in U. S. A.?	years
1 FULL NAME Margaret M. Boone	· · · · · · · · · · · · · · · · · · ·	
(b) If veteran, name war No.	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVEMBER 15 19 39	7. at 3:00 PM
Febrale While divorced divorced divorced divorced by	21. I certify that death occurred on the date above state ed deceased from 100 30 19 39, to Nov and that I last saw here alive on 100 18 19	ed, that lattend- 18 1939.
Name of husband or wife		Duration
7. Hirth date of deceased mo day, yr fifty 4. S. AGE: Years Months Days If less than one day hr min.	Post-operative	
9. Bethplace Mary Cana	Due to cho le cystectomy	
10. Usual Occupation of once with at home, 1	Other Conditions	PHYSICIAN
12 Name Dont Know 13 Birthplace	Major findings: Of operations Cholecystells	to the his his
14 Maiden Name	Of autopay	trails.
16 la Intermedia Margaret Fields  16 la Intermedia Margaret Fields  16 Address 2903 Mc Elderry It	22. Il death was due to external causes, fill in the l	win
17 Borrial Date thereof Nor 21/15	where did injury occur?	al tyle (litata) al place, in publi
Location Woodlawn Balle	(d) Did injury occur about home, on farm, industrial place?  While at wo	ork)
18 (a) Funeral director William M M. West.	and the second deliver	M. 9
NOV 20 1939 " Hat & Millimine	23. Signature J. W. Dorman Jr.  Address University Hospital Date s	nigned works

3109

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

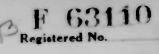
F 63109

Reg. Dist. No....

	2. USUAL RESIDENCE HOME OF DECEASED:	
LACE OF DEATH:	(For newtorn infants plus residence of machine)	
Baltimore Md	State RANSY Wanie County Fron HILW	
Baltimore Md.	Cry or top Way nest or to will milt write RURAL NEAR and give	ard No. J
d address hospital, or in it tut on:		
500 Fairview Hre	Ing to 300 E. Majir St.	
n hospital er inst. ers. er mes. ir days	2 OF VETERAN, NAME WAR	****
in this community (yrs or mos or days) 2 nos 9 406	3. (h) Social Security	Number
I'ULI NAME		
Lottic B. T.an	der 5	
s 5 Cour or race 6 Single married widowed or divorced	MEDICAL CERTIFICATION	140
emore white widowed	20. DATE OF DEATH 100 · 2/-39 19	1.4 a M
same of his band or wife Naiter E. Flanders	2" I CERTIFY that do th occord in the date above stalled that lattended deci	raund from
Pame of husband or wife VV 3 1 1 CV L	0-1+15/39 10 KUV 21	19 37
6 r lf a ve give age	and that last even here is now 19-39	13
maria de la 1879	Inversable.	DURATIUN
AGE: Yes Months Days If less than one day	Carainome of lift heart.	2410
67 5 7 mm		
B theloce Tay etterine Frankling, Pe.	Bue to	
8500 OCCUPA N HOUSE duties		
	Due to	
Industry or bisiness	Orner conditions materialis of Careenerna	
12 Name Survester Weig	Lunda -	7
13 Birthplace firanki. N Sa. Ta.	(Indian provided within a merths of death)	PHYSICIA
14 Maiden name Marina Brown	Major findings	Please undit
15 Birthplace Franklin G Pa.	Of operations	the caus to t
Internate Mrs of m P. mills.		charged states
International INAS	Of autority	
ADDRESS TOO Factorin at Bellioner Me	22. VIOLENCE: If death was due to external causes, fill in the following:	
Removal Bate therest 11 / 31 /39 (month) (slay) (year)	Accident secide or homicide Date of	
Caneteri	Where did injury occur? (Carry or town) (Carry)	(State)
Cometery or crematory Green Hill Cemeter)	hall alone (where?)	
weyne borg vo.	Injured at nome, tarm industry public place and a sound at most?	
Thatta If Sine	Means of injury	
Funeral elector	Mart B. Willit	
Moren Naynestone Cil	23. SUBALTURE TOURS OF THE ME	Darter /
Thentington / Mealle, 19		2000 Rov. 2/3
01 1020 19 Reg er r	Address 2 20 / 900 000 1 1 5 1 1	10000

VS 3

# CERTIFICATE OF DEATH 53 Registered No.



NUMBER OF BELTH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State MD (b) County	
	R. 1+	
Street address Hospital or institution JOHAS HOLKAS HOSPITAL	(c) City or town Baltimore	AL and give town
Hospital or matitution JULAS 10. MAS 1	(II) Olivative control	
	ed Stree No. 1407 N. Washin	1)
length of stay in hospital or inst. yrs., mos., or days)	D. I I I I I I I I I I I I I I I I I I I	yeare
Length of stay in Baltimore (yrs., mos., or days)	If foreign born, how long in U. S. A?	
FULL NAME Cecelia M. Flynn		
Cecelia I IYNN	MEDICAL CERTIFICATION	A
(b) If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH NOV- 20 193	9 . 1300 M
Sex 5. Color or race 6 (a) Single, married, widowed, or		
emale White divorced WiDOW	1 1 10 T 29 1039 10 IV	DV TAINAI.
e winte	and that I last saw lier alive on Nov 20	1957.
h Name of husband or wife 6 c If alive, give age years	1 2 ab	Duration
Birth date of deceased (mo., day, yr.) 7-1-73	Carcinoma of Bladder.	1 //
	Ladder.	over
1 / / / / min	Due to	
66 4 19 hr. min.		
Birthplace (Town, county, and state)	Due to	
10. Usual Occupation None		
1. S. J	Other Conditions	THE WOLLD A LI
12 Name Robert MANNER	iluctude pregrancy within 8 months of death)	PHYSICIAN
	Major findings:	1 nder ine th
13. Birthplace 12 RMANY	Of operations	leath should be
14 Maiden Name MARY KellAMAN		harged statis
15. Birthplace GERMANY	Of autopsy (11 in the	
ROCOPDC	22. If death was due to external causes, fill in th	e jonewing.
10 0) Intolliance HOLLING HUCKLING	(a) Accident, suicide, or hornicide	
b Address b Date thereof 1/23/34	(b) Date of occurrence	
(month) (day) (year		County) (State)
(c) Cemetery exercision to by redresses	d) Did injury occur about home, on farm, inclus-	mai place, in publ
(c) Cemetery or creaming 14. Med.	place? While at (Specify type of place)	Work?
Location 2		"
(8 (a) Funeral director	23. Signature / sq or / S. Ses Address Ohns Hopkins Hosp. Date	· W
(b) Address	D. Signature	m. D.
9.40 04 4000 (b) 4 4011 Revistrer	Address Johns Hop Mas Hosp. Dat	e signed// 20

CERTIFICA	TE OF DEATH	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Md. (b) County	
Baltimore City, Maryland		
Street address	(c) City or town Baltimore	L and give town)
Hospital or institution:	(If outside city or town limits write he has	I am
nd. Gen Harf	dy Street No. 1300 8. Lafay	ews.
Length of stay in hospital or inst. (yrs., mos., or days)	ilf rerai we to do n	
Length of stay in hospital of man 1	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days) 56		
a) FULL NAME & TWillis		4.
2) 16 veteran name was 3 (c) Social Security Accou	MEDICAL CERTIFICATION	050
b) If veteran, name war No. No.	20 DATE OF DEATH // - 20 190	9. NI 9 AM
6 a Single, married, widowed,	or as 1 - wife that death occurred on the date above sta	ted; that lattend-
	· 11 1/2 / 19 24, to//	17.47
A EMACE OF DOOR	1 44/ 1	19 39.
( Lushand of Wife	and a second death	Duration
(b) (c) it suive, give age	3 Dudend ween	
Birth date of deceased (mo., day, yr.) Jan 12,188		
AGE: Years Months Days If less than one day	Due to Ch. myocarditis	
56 10 8 hr. n	Timin. Due to Cardine collapse	11-190
Je Jest lead	c carrie	
Birthplace may land	Due to	
0. Usual Occupation		
1. Industry or business awn form	Other Conditions	PHYSICIAN
Here W. Heroest	(Include pregnancy within 3 months of death)	
12. Name George W. Hargest	Major findings:	Cause to which
13 Birthplace many land.	Of operations	seath should
14. Maiden Name & lla Farras		charged stati
	Of autopsy	
15. Birthplace Tennsylvania	22. If death was due to external causes, fill in the	e tottowing:
16 (a) Interment secondo Med tent woopstal	(a) Accident, suicide, or homicide	
(b) Address /// xx/2	(b) Date of occurrence	
17 (a) Bassiel (b) Date thereof (month) (day)	(City or town)	County) (State)
Burial, cremation, or remain grant grant	(d) Did injury occur about home, on farm, indust	rial place, in pub
(c) Cemetery or crematory	While at	work?
Location 13al to Mile.	Specify type of place)	
18 a Funeral director William Cost	(e) Means of injury	Luis
1217 18. Jank St	23. Signature	M. D.
(b) Address	MA Hen 1 Hosp Water	aigned// · 20
19 (a) Rugistrar) Rugistrar	Address Address	

#### BALTIMORE CITY HEALTH DEPARTMENT 23 CERTIFICATE OF DEATH

F 63112

Registered No.

y and the same of		
2. USUAL RESIDENCE OF DECEASED:		
(a) State Md. (b) County		
(c) City or town Balto.  If outside city or town limits, write RURAL and give town		
6) Sheet No. 1037 Harford Ave.		
(e) If foreign born, how long in U. S. A.?years		
(50117)		
MEDICAL CERTIFICATION		
20. DATE OF DEATH November 20, 19 39 . at 2:55 AM		
21. I certify that death occurred on the date above stated; that lattend		
ed deceased from Nov. 13, 1939, to Nov. 20, 1939 and that I last saw her alive on Nov. 20, 1939.		
Tuberculoses of the lung Oct 1939		
1939		
Due to		
Due to		
Other Conditions		
(Include pregnancy within 8 months of death) PHYSICIAN		
Major findings:  Of operations  Underline the cause to which		
death should be		
Of autopsy tically.		
22. If death was due to external causes, fill in the following:		
(a) Accident, suicide, or homicide		
(b) Date of occurrence		
(City or town) (County) (State)  d) Did injury occur about home, on farm, industrial place, in public		
place? While at work?		
(Specify type (*)		
23. Signature		
Address Balto. Aty HospitalsDate signed11-20-3		

"	•	•	?	1	1		?
-			,		N.	ы	2

### CERTIFICATE OF DEATH

1	1	3 F	63113	
7	5	Regist	ered No	

CERTIFICATE	OF DEATHY	
1 0	P DECEASED.	
PLACE OF DEATH:	(a) State Ava b) County Dallin	note.
Street address W. cekers & Catore Cents Hospital of installation:	(c) City or town Salt in Call (If outside city or town limits, write RURAL a	nd give town)
It agner - or days	A Street No. 257 McCustiers	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	e) If foreign born, how long in U. S. A.?	years
o roll name	MEDICAL CERTIFICATION	
b If veteran, name war   3 (c) Social Security Account   No.   1   1   2	as pare of DEATH of rember 20,1939.	at 21509M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Lawel?	21. I certify that death occurred on the date above stated	21/1937.
(b) Name of wife wife of salary sive age years	and that I last saw h im alive on 20,19.  Immediate cause of death Cerelia  Viscular Stemorrhoge	Duration
Birth date of deceased (mo., day, yr.) Jan 1858  AGE: Your Months Days If less than one day	Homesterwit C-V	
7/ 10 2 hr. min.	Due to Hypertusive (-V	
(Town, county, and state)	Other Conditions arlunelissi,	
11 Industry or business Produce	Other Conditions  2 (Include pregnancy within months of death)	PHYSICIAN
12. Name William Hughes  13. Birthplace Washington D. C.	Major findings: Of operations	Underline the cause to which death should be
14 Mardon Name Lydia - au Karown	Of autopsy	charged statis- tically.
15. Birthplace Washington D.C.	22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant  (b) Address - 502 V. Fay The	(a) Accident, suicide, or homicide (b) Date of occurrence	
17 (a) (Burial, cremation, or removal) London Park	(c) Where did injury occur? (City or town) (Cou	place, in publi
(c) Cemetery or cromatory  Ballyo Mid	place? (Specify type of place)	
18 (a) Funeral director Welledans Bot -	(e) Means of injury 23. Signature	M. D.
(9 (a)) b Registrar	Address ST. Frest my la Date si	med // -K
(Dake red dby registrar) VS 3		

## CERTIFICATE OF DEATH

F 63114
Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	100
Relamore City Maryland	(a) State Med (b) County	
Street address 2002 Homewood Co		
Hospital or institution:	(c) City or town Saltanees (If outside city or town limits, write RU	RAL and give town)
Trospites of the control of the cont	1 d Street No. 2002 Homes	wood an
	ilf rural give location	n)
Length of etay in hospital or inst. (yrs., mos., or days)	The state of the s	VCAID
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
a FULL NAME 2 4 ed		
sace full	MEDICAL CERTIFICATION	*
(b) If veteran, name was	- 16	
No		
Sex 5. Color or race 6 (a) Single, married, widowed, divorced.	or 21. I certify that dearth occurred on the date above	tated; that lattend.
Wile while married	ed deceased from Nov 16 1939. to N	1939
16) Name of husband or wife Elizabeth July	and that I last saw hell alive on hely	
o Syl allock Kitter and	ATA Immediate cause of death Jeff Harm	Duration
Birth date of deceased (mo., day, yr.) Wes 18 186	5 pega . our	
AGE: Years Months Days If less than one day	1 Browners	
Ave.	nin. Due to	over/
Busholes Baltimae		
	Due to	
O. Uoual Occupation Salesman Teteres		Donos
1. Industry or business	Other Conditions arms	DUVELCIAN
1 1 Fuld	(Include pregnancy within 3 months of death)	PHYSICIAN
	Major findings:	Underline the
13 Birthplace	Of operations	death should be
14 Maiden Name Mary abell		charged statis
15. Birthplace denna	Of autopey	•
6 (a) Informant Elizabeth Full	22. If death was due to external causes, fill in the	ne ronowing.
no de la	(a) Accident, suicide, or hotnicide	
(b) Address 2002 1101111-21-3	(b) Date of occurrence	
7 (a) (Burial, cremation, or removal) (month) (day) (		(County) 1State)
(c) Cemetery or cremerory Loudon	(d) Did injury occur about home, on farm, indus	that piace, in publi
A lench Hoose	place? (Specify type of place) While at	work?
Location Silver W Xee	Means of injury	
8 (a) Funeral director alle and		wK /
(b) Address of 40 C move with	23. Signature	1164
9 Q = (b)	Addres & Mr Empos R	telaigned,
(Bate ne d by registror)		1.1

OEK III 1911		
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. L. Com Maryland	a State Mc	
1000 Bollman Co		
Street address 6000 Bellows Co	CIEN OF Som Baltimore	At and give town)
Happital or institution:	(if estaide city or town name, write RCR	12
Lagewood Candari	un Suret No. 1811 N Calvert	
	off run give is alien	)
Length of stay in hospital or inst. (yrs., mos., or days)	If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	In toleran count as	
Millian School	MEDICAL CERTIFICATION	
h If veteran, name war 3 (c) Social Security Accounts		2. M
No.		
Sex 5. Color or race 6 (a) Single, married, widowed.	or 21. I certify that deathpoccurred on the date above at	1 20 1039.
Fr. West single	ed deceased from Deft 1933. to/lo	39
Mode NUM	and that I last saw harvalive on Nor 20	1957.
(b) Name of husband or wife 6 c Halive, give age yes		Duration
111 - 101	5 myocarseles	Trestund
Birth date of deceased mo., day, yr Sept 14 166	Stuffertusion	- Lung
AGE: Years Months Days If less than one day		_
74 2 6 hr. m	nin. Due to	
12.00	0   _	
Birthplace Town, county, and state)	Due to	
0. Usual Occupation		
1 Industry or business	Other Conditions	PHYSICIAN
12. Name John Thomas Siblom	Include pregnancy within 3 months of death)	Phisician
12. Name follow / with	Major findings:	('nderlin th
13 Birthplace Thangland	Of operations	ca se to which the head hear
	4	harged sati
	Of autopsy	tically.
15. Birthplace Maryland	22. If death was due to external causes, fill in th	e following:
6 10 Informant to 9 Duine a 12		
6 (a) Informant 1811 ON Calvery 64		
	E   W Date	
7 (a) Busial (b) Date thereof (menth) 1903) 19	year) (c) Where did injury occur? (City or town)	County) (State)
Lower bel	(d) Did injury occur about home, on farm, indust	trial place, in publ
(c) Cemetery or Common Wandley	while at	work?
Location /dathaball	(Specify type of place)	1
A (a) Funeral director of peleuten of the	(e) Means of injury.	AL
Bloward Art Collol	23. Signature	M. D.
6 Address Charles + Williams	110 3 Park Date	igne /1/2/
) (a) Registra	Address. 140 1000	- 1
[Internald by registrar]		

HEALTH DEPARTMENT-CITY OF BALITIMO CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death accurred in a hospital ar institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. 1. 6.15. W.) ds. How long in F. S. If of foreign birth ?......yrs.......mos. .....ds. Length of residence in city or town where death forur If U. S. Veteran specify WAR 2. FULL NAME ... (a) Residence: No. / 6 1 3 St., Ward. .... (If non-resident give city or town and State) (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 21. DATE OF DEATH (month, day, year) 3. SEX 4. Color or Race or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from 19-5 Sa. If married, widowed Ar divisor HUSBAND of I last saw have alive on (or) WIFE of to have occurred on the date stated above, at 2 The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of orget If LESS than Duya Months Years 7. AGE 1 day, hrs. or min. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, Other contributory causes of importance: saw mill, bank, etc.. 11. Total time (years) scleros 10. Date deceased last worked at spent in this this occupation (month and occupation. yamri. Date of .... Was an operation performed?-12. BIRTHPLACE (city or town)... (State or country) For what disease or injury? 13. NAME Name of operation What test confirmed diagnosis? Was there as autopsy? 14. BIRTHPLACE (city of town) 23. If death was due to external causes (violence) fill in also the fol-( t. te or country) lowing: Date of injury ...... 19 ..... Accident, suicide, or homic de? 15. MAIDIN NAME Where did injury occur? (Specify city or town, county, and State) 16. BILTHPLACE (city or town) Specify whether in the occurred in industry, in home, or in public State or country)

Manner of injury

18. HURIAL CREMINION OR REMOVAL

18. HURIAL CREMINION OR REMOVAL

19. HURIAL CREMINION OR REMOVAL

. UNDERTAKE To Let The Cary So

1939 " Williams, marit

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. Edward Fisher M. D.

#### CERTIFICATE OF DEATH 1. PLACE OF DEATH: Baltimore City, Maryland (1) Street address He tal or in titution: I length of stay in hospital or inst. yr . mos , or days le Leigth of stay in Baltimore (yrs. mos. or days 3 3 ( FULL NAME VERNON 3 Social Security Account 3 h If veteran, name war 5 Color or race 6 (a) Single, married, widowed, or 4. Sex divorced w hite 6 / Name of husband or wife to a li alive, give age 7. Birth date of deceased mo, day, yr. Och 7-1 8 AGF: Years Months 10. Usual Occup ton 11 Industry or business 4 13 Birthplace 15 Bribplace 6 (a) Informant

2. USUAL RESIDENCE OF DECEASED:	
(a) State had (b) County Baltin	nore
City or town Whitehalf (If ented on ar town limits, write RURA	I, and give town)
(If rural even location)	
(e) If foreign born, how long in U. S. A.)	years
LLING	
MEDICAL CERTIFICATION	
20. DATE OF DEATH hovember 20 1935	7. at 11 p. M
21. HHEREBY CERTIFY, The thook charge of there	mains described
above, held an inquire thereon and from	
(Aut hy or laughty)	
obtained by said inguis find that said	GCC AS COME
to has death on the day stated above.	
Immediate cause of death	Duration
Sunshot Wound of	
head	
Due to (12 gange shotgum)	
Due to	
Other Conditions	
	PHYSICIAN
(Incl. de pregnancy within 2 months of death)	
Major findings: Of operations	l'inderline the
	death should be
Or autopsy	charged statis- ti-lly
22. If death was due to external causes, fill in the f	ollowing
Accident, suicide, or homicide accide	
Date of occurrence how, 18th, 191	9
Where did injury occur? Works & White	balk, Befa
Did injury occur about home, on farm, industria	I place, in public
1 2 are a flower to book While at we	ork?
(Specify 1 pe of pl co)  (Means of injury Sun fired according)	while bounting
	- M.D.
23. Signature Medical Examin	

## CERTIFICATE OF DEATH

Registered No.

	A DECEMBER OF THE PROPERTY OF	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	a State 1, 2 11 (b) County	
Street address 2137 W. Lexington Street		
Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL	and give town)
and the second	(1) Street No. 2237 is In wing, ton. of	root
Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.)	years
		Y
(a) FULL NAME	CHILLING	<b>\</b>
(h) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No	20. DATE OF DEATH NOVEMBER 19, 1939.	at M
Sex   5. Color or race   6 (a) Single, married, widowed, o	21 I certify that death occurred on the date above stated	i; that lattend-
divorced. WIDOWED	ed deceased from 1412. 9 1931, to Acc	19_5.
b Name of husband or wife I Charles C. SCHILLI.	G and that I last saw h P alive on 1/11. 12 19	da ·
6 (c) If alive, give age year	n Immediate cause of death	Duration
Birth date of deceased (mo., day, yr.) AUG. 14, 1856	Burch Onumere	11/1/09
AGE: Years Months Days If less than one day	Mirror Crack	-
83 3 5hr.	n. Due to	
Belttmane Manuland		
(lown, county, and state)	Due to	
O. Unual Occupation HOUSEN11	Other Conditions	
1. Industry or business At Home		PHYSICIAN
12. Name ? Singer	(Include pregnancy within 3 months of death)	
13 Birthplace Germany	Major findings:  Of operations	t'inderline the
** 1	Of operations	death should be charged statis-
C	Of autopsy	tically
15. Birthplace Gerrary Mrs. Narraret Pollock	(11: 1) (11: 1)	llowing:
6 (d) Informant	(a) Accident, suicide, or homicide	
(b) Address 2137 1. Lexington Str	- 1th Date of occurrence	
7 a But 4 1 b Date thereof QV • 21-39	Where did injury occur?	(v) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial	
Cemetery or crematory	While at work	k?
Location William & S	Specify type of place	
8 a Funeral director T. Co. 1916 per lette F OF	(e) Means of injury Than Q Cla	ha M
(b) Address 1300 EUTA! PLACE	23. Signature	м. D.
970. Hutreyton Williams H.	Address 2145 M. HaltimoreDate mig	ned IJ/21
Dan og d by registrati	The C A data!	

VS 3

## CERTIFICATE OF DEATH

F. 63119

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	(a) State Marylan (b) County	
Baltimore City, Maryland		
Street address Trunspring 9 Belvederl	(c) City or town Balton or City or town limits, write RURAL and give	town
	outside city or town limits, write NUNAL and give	
herendale	Colored No. Behaden & Grenefring	
Length of stay in hospital or inst. (yrs., mos., or days) 37-10 %	(tf rural give location)	
Length of stay in no pital of mot years	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days) 45 years		
FER NAME Cohen	OF DETIFICATION	
2 Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH Lowerbur 20 1939, at	M
6 (a) Single, married, widowed, or	22 Leasify that death occurred on the date above stated; that I	attend-
5. Color of race 6 (a) Single, married, widowed, or divorced.	ed deceased from A3 19.06, to	1937.
1 comme contract	and that I last saw her alive on 11- 20- 19-2.	
b) Name of husband or wife Vears	Immediate cause of death Aypertension Dur	ration
6 (c) It alive, give age	arlerio ocleratio	a a a a a a a a
Birth date of deceased (mo., day, yr.)	. when feel	
AGE: Years   Months   Days   If less than one day		
not. min.	Due to	
76		
Birthplace (Town, county, and state)	Due to	
1 1010000000000000000000000000000000000	C.t. Alett eye	
. Usual Occupation Additional State of the State of State	Other Conditions Cularact left lye	CELCIAN
	(Include pregnancy within 8 months of death)	rsician
12. Name I Sider of Color	M. i. Gindings: Und	lerline the
13. Birthplace August	Cause	to which
6. the Trodder	chars	red statis
14. Maiden Name Salahan	Of autopsy ticall	
15. Birthplace	22. If death was due to external causes, fill in the following	g:
6 (a) Informant Segment fund	(a) Accident, suicide, or homicide	
(b) Address Belvedue! Treenspring	(a) Accident, success, as (b) Date of occurrence	
1 1 - H-37	1 1 inium occur)	(State)
7 (a) 1110 (b) Date thereof (month) (day) (year (Burial, cremation, or removal)	(c) Where did injury occur? (City or town) (County)	
Was a dance	(d) Did injury occur about home, on farm, industrial place, While at work?	
(c) Cemetery or grematory	place? (Specify type of place)	
Location Out & Jan Xe		
8 (a) Funeral director SULA	(e) Means of injury Themend aliver mil.	122 22
(b) Address Lots 7 5 . Warre No.	Z3. Signature	121/35
MONTON DELL'AND DELL'	Address Levendale Date signed	1
Motored by registrar	2. H 7	

63120

# CERTIFICATE OF DEATH

CERTIFICAT		
THE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Md (b) County	1
Baltimore City, Maryland	(a) State /// X	non
Baltimore City, Maryland  Street address Milhens + Caton ares.	(c) City or town Dallimore	1. Colores
Hospital or institution:		1
Saint agner Hospital	Wayed No. 1839 Dover	14
	of sural give location	3
d) Length of stay in hospital ur inst. (yrs., mos., or days)	111542	years
Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	1
		V
a FULL NAME Ronald Slan	CERTIFIC ATION	
1 2 Secrety Account	MEDICAL CERTIFICATION	2 A.
) If veteran, name was	20 DATE OF DEATH 1/- 20- 193	9 . at J. 45 M
No.	20. DATE OF DEATH 1/-20- 193 21. I certify that death occurred on the date above at	sted; that lattend-
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred to the 1929 to	1-20 1939.
male whise divorced Single	ed deceased from 11-19 1939, to	1934.
· proce	and that I last saw her alive on	100
6 (b) Name of husband or wife 6 (c) If alive, give age year		Duration
O (C) II alive, give age	mummed.	
7. Birth date of deceased (mo., day, yr.)		
AGE: Years Months Days If less than one day		
AGE: Train	n. Due to	
		W201
9. Birthplace (Town, county, and state)	Due to .	
(Town, county, and state)		
10. Usual Occupation	Other Conditions	
11. Industry or business		PHYSICIAN
Danie 100000	(Include pregnancy within 3 months of death)	Underline the
h. 1	Major findings:	eause to which
13. Birthplace md.	Of operations	death should be
14. Maiden Name Drene Hendall		· charged statis-
14. Maiden Name 200 100	Of autopay Wholen puessons	tically.
15. Birtliplace	22. If death was due to external causes, fill in th	e following:
16 (a) Informant mrs. Louis Blan	22. If death was diside or homicide	
6 (a) Informant	(a) Accident, suicide, or homicide	
(b) Address	(h) Date of occurrence	
7 (a) Date thereof 11/23/2	In [ [6] Where did injury	County) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industry	rial place, in publi
(c) Cemetery or grematory M. C.	While at	work?
19 1	place? (Specify type of place)	
Location Office Comments		
8 (a) Funeral director Alexander	(e) Means of injury	us
1) Address of W. 26 th	23. Signature	M. D.
MOVE OF THE WHALL	Address ST legnest yellout	e signed//20/3
9 (c) (2) Registrar	II Vacities	
(Defeated a) teleparation		

F 63121 50004

121)		CERTIFICATE	E OF DEATH	
Hospital or insti	Maryland Balticor	re Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State Mariland (b) County  (c) City or town Baltimore  (if outside city or town limits, write RURA)  (c) Street No. 3211 Stafford St.  (tf rural give location)	At, and give town)
l) Length of stay is	in hospital or in	Hist. (Alter Month or	(e) If foreign born, how long in U. S. A.?	yearo
(a) FULL NAME				
(b) If veteran, nar	me war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH November 27 19 39	1. at 1 - A M
. Sex   5. C		6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from 100. 9 19 39, to 10 and that I last saw how alive on 100 20 11	ev 20 1939
(b) Name of hus		Jennie 6 (c) If alive, give age years	Immediate cause of death  Carcin ama of the Lung	Duration
Birth date of dec	Months De	day, yr.) Feb. 22, 1865  Daya If less than one day  28 hr. min.	D	
). Birthplace	( )	Parto. (Town, event, and state)	Due to	
10. Usual Occuput 11. Industry or bu-		V	Other Conditions	PHYSICIAN
12. Name	John Nels	Palko.	(to lude program y within 3 months of death)  Major findings:  Of operations	Underline the
14. Maiden No		6 Hiles	Of autopay not dene	tiently.
(c) Cernetery	Records  Records  Part 1 most  remation, or remove  y or germatory)	b) Date thereof (1/21/39  (month) iday) (year  Lorrain) Cerr  Lorrain Cerr  Lorrain M.	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	County) (State)
8 a Funeral d (b) Address 9 (a)	director Dece	20 1 Hollisus Mi	23. Signature moving field for Date	eigned // 20-3

63122 HEALTH DEPARTMENT-CITY OF BALTIMORE 3122 CERTIFICATE OF DEATH

1. PLACE OF DEATH  CITY OF BALTIMORE: (No. 1/2)  Langth of residence in city or town where death occurred Layra.  2. FULL NAME Start & H. 1 M. C. 1.  (a) Residence: No. 1/2/1 D. C. 1.	Registered No.  (If death securred in a hospital or institution, give its NAME instead of street and namber.)  If U. S. Veteran specify WAR  S. S. 110 . 218-07-9021  St., Ward.  (If non-resident give city or town and State)
(Usual place of aboute)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. Color or Race  5. Single, Married, Widowed, or Divorced (write the word)  Ba. If married w lowed, or divorced HUSBAND of for WIFE of	21. DATE OF DEATH (month, day, year) /// , 1927  22. 1 HEREBY CERTIFY, That I attended deceased from 1927, to M. 1927  I last saw hand, alive on M. 1927 Death is said to have occurred on the date stated above, at 242 P.m.
6. DATE OF BIRTH (month, day, year) 11/10 0 7. AGE Years Months Days If LESS than 1 day,	The principal cause of death and related causes of importance were as follows:  Date of onset    11/4/2/
8. Trade, profession, or particular kind of work done, as spinner, aswyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, asw mill, bank, etc.  10. Date decemsed last worked at this occupation (month and year)	Other contributory causes of importances  M/10/35
12. BIRTHPLACE (city or town) 12. 12. 14. 18. NAME 4 17 18. NAME 4	Was an operation performed?  Date of  For what disease or injury?  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Lif death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT (Address)  16. BURIAL, GREMATION, OR REMOVAL Date  19. UNDERTAKER (Address)  20. FILED  10. PILED	place  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased  If so, specify  (Signed)

63123	CERTIFICATE	OF DEATH	123
PLACE OF DEATH:  Baltimore City, Maryland  Street address 3508 Duvi  Hospital or institution:		2. USUAL RESIDENCE OF DECEASED:  (a) State Mile County  (b) County  (c) City or town for the City of the RERA  (c) Street No. 3508 Duve 11 Avenue  (d) If relating to be at least	I, and give lown i
Length of stay in hospital or inst.		(c) If foreign born, how long in U. S. A.?	yeare
(a) FULL NAME		- CEPTIFICATION	V
(b) If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH November 21, 19 39	9 . at 6:20AM
Female WHITE diverse of husband ar water.  Birth date of deceased too, day.  AGE: Years Months Days  10 24	yr December 27, 1041  If less than one day  hr. min.	21. I certify that death occurred on the date above state ed deceased from Sept 10 1931, to 100 and that I last naw her alive on 10 percent for I limited at a cause of death of September 10 percent for I choose the september 10 percent for the Conditions  Other Conditions  (Include programs, within 3 months of death)  Major findings:  Of operations	PHYSICIAN tradectine to clearly should
Cemetery or crematory  Location Front Lung.	Noel  1 Avenue  Date thereof Man, 24th (menth) (day) (year	Of antopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrictly place?  (Specify type of place)  (e) Means of injury  23. Signature  Address 1730 fundam  (Date  Date	ounty) (State) al place, in pub york?

## CERTIFICATE OF DEATH

#### F 63124 Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED	
Baltimore City, Maryland	(a) State Md. 1 Cyling	
Street address	Co City or town Boltimore	) -A 4:01 = 0
Hospital or institutions	Street No. 25 00 St. Paul -	il. not give town
mercy Hospital	Street No. 25 00 St. Faul	
Length of stay in hospital or inst. (yts. mos., or day)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	il foreign born, now long in C. 3 74.	
FULL NAME VIRGINIA MOR		
(h) If veteran, name war Social Security Account No. 214-03-3532	MEDICAL CERTIFICATION  20. DATE OF DEATH hove when 20 193	9. at 8 0 .M
Sex 5 Color or race 6 a Sincle, married, widowed, or finale white divorced single	21. IHEREBY CERTIFY, That Itook charge of the re above, held an anguary thereon and from	
Name of husband or wife 6 (e) If alive, give age years	obtained by said Auto for Ind the said	
7. Birth date of deceased (mo., day, vr (plout) 1879		Duration
AGE: Years Months Days If less than one day	Immediate cause of death	Duraties
60 (about) hr min	Fracture of strull	
9. Birthplace Palto Zwin Detv. and tatel	Due to	
10. Usual Occup tion Sales lady		
11. Industry or business Ceannette Buck hers she	Due to	
12 Name Samuel M. Morton	Other Conditions	
12 Name Savine		PHYSICIAN
13 Birchplace Ballo Co. Md.	Major findings:	Underlineth
14 Maiden Name Saura, Space	Of operations	care to which
15. Hirthplace & Clicott City Md.		dat had be
Mrs. Clinton Summe	Ot autopsy	tically
Market Baller Place	1) If death was due to external causes, Illi in the	following
Addres 4401 Bedford Place	Accident, suicide, or homicide	ent
17 Buria Date thereof Mov 23, 39	Disaloccurionce how. 20 04,19	17
Cemetery or green by Loudon Park Cem	Where did injury occur) Charles & cage	emity State
Cemetery or Gernal Ty Control	The langer occur about hor e, on farm, industri	ial place, in public
Location Balto Md.	place? Inthe place While at w (Shelf type of place)  (Means of injury street of street to  23. Signature H Z Wallender  Medical Exam	vork?
8 Funeral director Wyn . Quelenes de	Want type of place of street or	Male ongry
Address Morth of Pa alux.	3 Signature H Z Wallenwell	Ever - MD
The state of the s	Medical Exam	iner.
(Company day resistant) Herritary	Date signed how 21 11, 193	

# CERTIFICATE OF DEATH 2 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	a State (b) County	
Street address  () Hospital or institution:  () Hospital de la Lampeur of Hosp	(c) City or town Street No. 73 5 While Cor.	( and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)		Venta
6) Length of stay in Baltimore yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	years
3 (b) If veteran, name war 3 (c) Social Security Account	(William Robert Kindle) MEDICAL CERTIFICATION	/130P
No.	20. DATE OF DEATH Moudell 13	, at M
4. Sex 5 Color or race 6 (2) Single, married, widowed, or divorced wildower	above, held an (Autopsy of Inguity)	ni the evidence
6 (b) Name of husband or wife Alice Kindle 6 (c) If alive, give age years	obtained by said (Automy or Inquiry) to Mach on the day stated above.	deceased came
7. Birth date of deceased mo, day, yr 3 ch 18 6 8.  8. ACE: Years Months Days If less than one day hr. min.	Immediate cause of death Crushing crushery of	Duration
9 Birthplace Howard County, Ld. (Town, many and state)  10. Usual Occupation Nurse  11 Industry or business Self	Due to	
# 12 Name William Kindle	Other Conditions	
13 Buthplace Maryland	(include tregnancy within 3 months of death)	PHYSICIAN
14 Maiden Name Aliza A. Nichols 15 Birthplace Maryland	Major findings: Of operations	Underline the can to which death should be charged statis-
16 (a) Informant Mr. David Kindle	Of autopsy	tically
Address 3521 Hanover Street	22. If death was due to external causes, fill in the f	ollowing.
17 Date thereof 112200 (month) (day) (year Cemetery orgrematory Code r Hill Location Factors to Full Location Factors to	Where did injury occur? (A. Jurusu (Con or town) (Con or t	Trought (Status)
18 (a) Luneral director Wm. J. Tickmer & Sons (b) Address North & Penna. Avenues	(Specify to pe of place)  (e) Means of injury medical key start  23. Signature De Start Medical Examin	M.D.
(b) (b) Registrar	Date signed 11177	enter de la constante de la co

#### HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICATE OF DEATH

CI.KIIPIC XI	I. Of Mixin
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. 1612 - Modes	of street and number.)
Langth of residence in city town where wath occupied - yry	mus - ds. How long in U. S. If of foreign birth? ym. mos ds.
2. FULL NAME Kondolph Lugh	
(a) Residence: No. 16 (2 madison a	St., Ward. (If non-resident give city or town and State)
Unit pine of about	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Six sole or Race S. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1/. 19.39 . 19 22. 1 HEREHY CERTIFY, That 1 attended deceased from
a. If married widewed, or divored BUSBAND of (or) WIFE of	11. 19. 39 19 to 11. 19. 39 19  1 let aw him alive on 11. 19. 39. 19 Death is said
., 1939	to have occurred on the date stated above, at 10:11 A m.
AGE Years Months Days If LESS than 1 day. Ohrs.	The principal cause of death and related causes of importance we eas fell was
or — min.	Premature Birth 11.19.39
n of a die, as spinner, sawser, buckkeper, et	
naw mill bank et in the second	Other contributory causes of Importance:
(State or country)	
13. NAMI Jas William (righ	Name of operation Date of
14. BIRTHPIACE (city or tewn) Delimonal (State or country)	What test confirmed dis nosi ? Was the e an antop v?  23. It doubt was no to e ternal causes (violence) fill in all the fol-
13. MAIDEN NAME Vera Thompson	Accident minds or homicide? Date of injury . 1
16. BIRTHPLACE (city or town)   30.000   (fitate or country)	When did in my occur (Specify city or town, county, and So te) Specify whether in my occurred in industry, in home, or in public
INFORMANT Vera thompson lugh	place
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Man My Cahay Date Nov. 91 . 139	Nature of injury
19. UNDERTAKER GOVESHUS Halotrad	24. Was disease or injury in any way related to occupation of de eased?  10 If an energy
2. 1910 Reputrar	(Address 400N carrollton a

63127 HEALTH DEPARTMENT	-CITY OF BALTIMORE, 3127
	e of death 108
1. PLACE OF DEATH . Trovident H	(If death occurred in
CITY OF BALTIMORE: (No. 1514 Llivia	Ward)  a hospital or institution, give its NAME instead of street and number.)
ength of residence in city or town where death occurred	ds. How long in U. S. If of foreign birth?
2. FULL NAME 6 Sayles Cy	specify WAR
(a) Residence: No. 332 (Unual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21, DATE OF DEATH (month, day, year) //- 17 1939
M C Single	22. I HEREBY CERTIFY, That I attended deceased from 1/- 15-39, 19 to 1/- 17-3919
a. If married widowed, or divorced BUSHAND of	I last raw have alive on 11-17-3919 Death is said
(or) WIFE of Man 13 19/1	to have occurred on the date stated above, at 62.4.504/9
DATE OF BIRTH (month, day, year)  AGE Years Months Day of LESS than	The principal cause of death and related causes of importance pure as follows
24 l day,hrs.	Lobar Triennoma ?
6. Trade, profession, or particular kind of work done, as spinnes sawyer, buckkeeper, etc.  9. Industry or business in which work was done, as silk mill, asw mill, bank, etc.  10. Date decemed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other contributory enuoce of inspertances  Was an operation performed?  Date of
(State or country)	For what disease or injury?
13. NAME Chaile Joyces	Name of operation .
14. BIRTHPLACE (city or town) Va.	What test confirmed diagnosis? Was there an autopsy? LO.  23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME Era Dyer	lowing: Accident, suicide, or homicide?Date of injury, 19
16. BIRTHPLACE (city or town) O Lyona and.	Where did injury occur?
(Address) 646 W Hoffmanst	place Manner of Injury
PLANTING OF REMOVAL	Nature of injury
1. UNDERTAKER AND SUPPLIES SELECTION (Address)	24. Was disease or injury in any way related to becupation of decision.  (Signed) (Signed) under the Maloury under the management of the control of the cont
6. PILMD Registrar.	(Address) Provident Hapital.
NOV 21 1939	

### HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICAT	TE OF DEATH 50
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 428 W. Bildly	Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city of town where death occurred by yes	moeds. How long in U. S. If of foreign birth?yrsmosds.  If U. S. Veteran  specify WAR
(a) Residence: No. 42 7 N. Biddle Di	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 5. Single, Married, Widowed. or District (write the word)	21. DATE OF DEATH (month, day, year) Wire le 101939  22. I MEREBY CERTIFY. That I attended decensed from  Nov. 1, 1931, to Nov. 20 1921
HUBBANT William Robmon	I last saw her alive on Nov. 2. 1939. Death is said to have occurred on the date stated above, at 524. m.
DATE OF BIRTH (month, day, year) has to live if LESS than here	The principal cause of death and related causes of importance were as follows:
i day. hrs. or min.	Grand Carcinometris 1937
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, sew mill, bank, etc.  10. Date deceased last worked at this occupation (month and pear)	Other contributory causes of importance:
12. BIRTHPLACE (city or town) The (State or wountry)	Was an operation performed? On Date of  For what disease or injury?
IS NAME ( ) A Comp	Name of operation Date of
H. HIRTHPLACE (city or town) State or country)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (violence) fill in also the following:
E 15. MAIDEN NAME	lowing: Accident, suicide, or homicide? Date of injury . 19
15. MAIDEN NAME  16. BIRTHPLACE (cité or town)  (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT Miss Ollen Miss.	place Manner of injury
18. BURIAL CREMATION, OR REMOVAL Michiel Holl, Va	Nature of injury  24. Was disease or injury in any way related to occupation of deceased
D. INDERTAKER Mys . Lionge H. Holland	24. Was disease or injury in any way feather in the specific of the specific o
MOTHER 1930 Thursten Sufficience that	(Address) 2340 Motor pre.

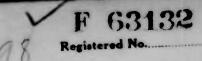
3123	CERTIFICATE
PLACE OF DEATH	, a
Baltimore City, Maryland	G .
Street address Hopital or institution	
andres 7	topkens Hoofetel
de la	l or mat. vr., mos, or days /69
Length of stay in Baltimo	ve lyre more or days)
(a) FULL NAME JOI	HM SMITH
(b) If veteran, name war	3 (c) Social Security Account
	No
Sex 5 Color or ra	ce 6 in Single, married, widowed, or
male Colored	divorced
(b) Name of husband or v	vite
	6 of If alive, give age years
Buth date of de eased in	10, day, yr
AGE: Years Months	Days If less than one day
11	3 d p br min
mal	6. Mr
	I wn, county and this
O. Usual Occupation /	rahu
I Industry or business	
12 Name John	Smith or.
ha	<i>p</i> .
() Director	ine muck Walker
4 Maiden Name Mu	carlo man in surv
15. Biriliplace 72	· 11 · 12 · 1
6 (a) Informant PML	edred Smith,
M Address 60	8 Dolph St
190	Date thereof 11/ 22 39
7 to Maria eremation or to	(m nth) (day) (year)
Cemetery or cremat	ory/ill deray em.
	ρ ,
Location	obest of bound
B   Juneral director /	Cartel 106
(b) Address	n
9 (a)	h Registrat

2. USUAL RESIDENCE OF DECEASED:	
a State had a County Balling	
City or town Baltimore Wite RURA	I, and give town
1 1 as 10all	1
Street 6 6 8 Dolphin &	
e If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	11.5
20. DATE OF DEATH hovenly 20 1939	1 . at 3 0 M
21 THEREBY CERTIFY. The thook charge of the re	mains described
above, held an inging thereon and fro	om the evidence
alread by gold browners find that said	deceased came
(Autoberthe)	
to busdeath on the day stated above	
Immediate cause of death	Duration
Dearrhean, canse	
modelerined	
Due to	
Due to	
Other Conditions	
	PHYSICIAN
(Include preshancy within I months of death)	
Major findings:	Under ine the
Of operations	death should b
Of autopsy	charged statis
22. If death was due to external causes, fill in the	following
Accident, suicide, or homicide	
b) Date of occurrence  Where did injury occur?	
	al place in publ
A see a section of the section of th	ar place, in publ
(d) Did injury occur about home, on farm, industri	carl )
/ While at w	ork?
place? (Specify (spe of place) While at w	ork?
pl ce? While at w	ork?

## F 6313 MEALTH DEPARTMENT-CITY OF BALTIMORE 63130

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH	Registered No
ITY OF BALTIMORE: (No. 1738 6 Lafay)	give its NAME instead
	mos da. How long in U. S. If of foreign birth
2 FULL NAME Samuel Joseph	- 2 S, S. No. 212-07-1177
(a) Residence: No. 1738 6. Rafactell.	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color of Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) / 00, 20, 1939 22. 1 HEREBY CERTIFY, That 1 attended decensed from
face of the Harried	Mov. 13 . 1939. 10 Slov. 20 , 1937
HI SBAND of Corne Milliams Arnoline	I but any hasse alive on 37 ov. 20 39. Penth is said
Man / 9 1975	to have occurred on the date states never,
BATI OF BIRTH (month, only, year)  North Days If LESS than	Importance were as follows:
62 8 11 day hrs. or min.	arteno-sclerosis 1929
A. Trade profession, or particular Re- metator.	forebras hemordine 1/13/34
savyer, bookkeeper, etc.	Commission of the second of th
saw mill, bank, etc.  11. Total time (years)	Other contributory causes of importance:
this occupation (month and ///0 32 occupation west)	77
2. BIRTHPLACE (city or town)   Sally more, Ald (State or country)	Was an operation performed?
13. NAME Samuel J. Donohne	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? I. O. Was there an autopay? O. 23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME Bescha Franke	lowing: Accident, suicide, or homicide! Date of injury 19
16. RIRTUPLACE (city or town)	Where did injury occur?  (Specify city or towic, county, and State)  Specify whether injury occurred in industry, in home, or in public
: INFORMANT 10m. Philip Lang	place
(Address) 1738 to Hajayelle in	Manner of injury
Pla + Bultimore Southern Nov 23 13	9 Nature of injury
	24. Was decree or injury in any way related to occupation of decreased?
1. INDERTAKER SEMY Browning	(Second) Norman Woodd M. D.
10. FILED James for Hilliau Roy War	(Address 735 N. Fullon avs.
017	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



3132	CERTIFICATE		with a second of the second of
		2. USUAL RESIDENCE OF DECEASED:	74 - 3
Baltimore City, Maryland	Bank. M.	(a) State Mol (b) County	
Street address	~	(c) City or town	and give town)
Hospital or institution:		d) Street No. 1926 Bank.	N.
Length of stay in hospital or	inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore	yrs., mos., or days		
a) FULL NAME COAL	turine Rell	MEDICAL CERTIFICATION	
b) If veteran, name war	3 (c) Social Security Account	Mor 19 1939	at 6 / M
5. Color or race	6 (a) Singly married, widowed, or divorced.	21. I certify that death occurred on the date above state	19 19 7.
male White	Midwe Kelly	and that I last saw h w alive on 20 19	Duration
(b) Name of hueband or wife	Michael Kelly	Immediate cause of death	Zn 12 2.
Birth date of deceased mo.,	day v. Cong 9-185	The same of	
	Days If the than one day	- Devile Georgene	surst.
AGE: Years Months 3 2	(O hr. mir	- the tra	17
Ba	ello. ma.	Due to Cartetes Relessus	
Birthplace	(Town, county, and state)		
0. Usual Occupation	~	Other Conditions	PHYSICIAN
I. Industry or business	Conroy	(Include pregnancy within 8 months of death)	Underline the
12. Name	0 1	Major findings:	cause to which
13. Birthplace	secand me	Of operations	death should be
14. Maiden Name	the Bymes	Of autopsy	tically.
15. Birthplage	Touland	22. If death was due to external causes, fill in the	following:
	grace Harne	A - sident anicide, or homicide	
(b) Add 72/	N. Mont fred	(b) Date of occurrence	
Burnel	(b) Date thereof	7   Where did injury occur?	County) (State)
(a) Burnal, cremation, or ren	noval for the first	Di Linius occur about home, on farm, indust	rial place, in publ
(c) Cemetery or cremato	7 Edwik P	place? (Specify type of place) While at	work
Location Old	I mano	(Specify type of party)	/
H (a) Funeral director	Am & nolk	H 23. Signature Close B Leuse	M. D.
(b) Address O-	3000 C. Dura.		e signed "/20/34
9 (a)	(b) Leaguringer	Address 18 %. Talleren Act Date	1//
(Date rec'd by resistant	Hunting Fre		

## CERTIFICATE OF DEATH

5 Registered No.

2 HISHAL RESIDENCE OF DECEASED:	
a state the Batting	0
City or town	AL and the town
24.000 Fastern	Are
Street No.	24
2 If foreign horn, how lang in U. S. A.?	years
,	
	7 . at /Q AM
21. HIEREBY CERTIFY, That Itonk charge of the re	emainsdescribed
shave held an suffered thereon and fr	om the evidence
(Automorphisms)	
Orlained by said	
to his death on the day stated above	
Immediate cause of death	Duration
Cacheria	
Due to chronic hypertrophie	
arthritis	
Due to	
Other Conditions Sendity	
sleeghtal uters	PHYSICIAN
	Und el re th
	call t whih
	that halt be
Of autopay	ti ally
	following:
111	
	anty Sint
Did mjury occur about home, on fami, industri	at place, in public
place? While at w	rork 1
Means of injury	,
Jo I Wallenwe	ber MD
Medical Lasmi	tri f
Date signed 100 0 00 110	
	MEDICAL CERTIFICATION  20. DATE OF DEATH hove her box 1939  21. IHEREBY CERTIFY, That book charge of the reabove, held an injury fined that said the said to his death on the day stated above.  Immediate cause of death  Cachegia  Due to Chronic hypertriphic  Other Conditions Levels  Linebule premaner within a mention of death  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the car Accident, spicide, or homicide  (b) Date of occurrence  (c) Where did injury occur)  (City or town)  (City or town)  (City or town)  (City or town)  While at we will be at we w

### 63134

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		16	631	34
)	4-B	Registe	631 ered No.	

	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland Street address - 200 January Land	(a) State Mila (1) County	
Street address 2000 souther 1 M	City or town (If out ide city or t yn limit write RURA	Land give town
	Street No. (If rural give location)	1
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
a FULL NAME	MEDICAL CERTIFICATION	12420
h) If veteran, name war	20 DATE OF DEATH KNEW 7 193,	9, at M
Single married, widowed.	or a HIEDERY CERTIFY. That Itook charge of the re	mains described
Sex 5. Color or race 6 (1) Single, married, wildowed.	above, held an . Allety thereon and tro	om the evidence
Jours F. Fink	obtained by said	l deceased came
	enth day stated above	
Birth date of deceased mo. day, yt Feb 21- 188	Immediate cause of death	Duration
AGE: Years Months Days If less then one day	Immediate cause of death	
51 8-19 hr	Due to	
Buthplace Balt. And.	Due to	
Mouringe	Due to	
O. Usual Occupation  1 Industry of Justines		
	Other Conditions	
12 Name John W. Willette		PHYSICIAN
13 Bispalace Hirginia	(Include pregonney within 5 mouths of death)	Underline !
	Major findings:	en to whi
14 Maiden Name/Lath. Orlynn 15 Birthplace Batto- Md.	Of aperations	d ath should charged stat
	Of autopsy	tically.
16 (a) Informan Jours D. Frank	22. If death was due to external causes, fill in the	following
1 300 DO - 110000	, and a lampide	
17 (a) Burial & Date theread Nov. 19-	(year) (b) Date of occurrence	
17 (a) Survey or removal /	(vear) (b) Date of occur? (City or town) (C	ounty) (State
Vew vain.	t and and	ounty) (Sinte
Location Control Freelevel Res	While at	work)
8 a Funeral director from . Q. MIN	Our (Specify type of place)  (Means of injury (D)	//
1/2000 E + Salve	195 audion up	M
1) Address this thousand	12	
(9 (a) Register	Date argued // 10	

## HEALTH DEPARTMENT-CITY OF BALTIMORE 63135

53135	CERTIFICAT	E OF DEATH	7-13
1. PLACE OF DEATH		.01	Registered No.
CITY OF BALTIMORE: (N	10. 1429 W. Mulle	Mard)	(If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
Length of residence in city or too	wn where death occurred yrs. 4	mos. ds. How long la U. S. If of	foreign birth? yrs. most. ds.
	Le Saunders'		
(a) Residence: No.142	Your place of abode)	(If non-re-	No. 2 7 (- 10 - 6 A sident give city or town and State)
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIF	CATE OF DEATH
Male 4. Color or Race	5. Single, Married, Wildowed, or Divorced (write the word)	21. DATE OF DEATH (month, day.  22 1 HEREHY CERTIFY,  1939.	That I attended deceased from
5a. If married, widowed, or divorce HI SHAND of	Line Samulers	I last saw have alive on her	to 17 . 1939. Death is said
6. DATE OF BIRTH (month, day,		to have occurred on the date stated a	
7. AGE Years Month	Days If LESS than I day, hrs. or min.	Broucho - Pres	Data af enset
8. Trade, profession, or particula kind of work done, as spinn sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mil	" Porter aparlam!	I sionello - Una	money 101
10. Date deceased last worked at this occupation (month and year)	61	Other contributory causes of importan	ice:
12. BIRTHPLACE (city or town) (State or country)	Florence, S. Carolina	1. 13. Hy	3 245.
13. NAME JOURNAL  14. HIRTHPLACE (city or town (State or country))	Sounders wn. Florence, S. Carolin	Name of operation  What test confirmed diagnosis ? Clu  23. If death was due to external of	Date of Was there an autopsy? &
E 15. MAIDEN NAME MALL	is Fleming	I towning:	Date of Injury , 19
16. HIRTHPLACE (city or tov (State or country)	an) Florence, J.S. Cardia	Where did injury occur? (Specify whether injury occurred in	ecify city or town, county, and State) in industry, in home, or in public
17. INFORMANT William (Address)	ine Saunders	place	
	REMOVAL Nor 20, 139	Manner of Injury  Nature of Injury	
19. UNDERTAKER MAS Xa (Address) 32 - X	tie RW illiams	Transpector	ray related to occupation of deceased?
20. PTLID	de la Routerar.	(Signed)	Grand Hy as

## BALTIMORE CITY HEALTH DEPARTMENT

-	W		
92	Rogister	ed N85	רייי
1	71	()()	101

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Relamore City Maryland	(a) State W. (b) County	
Street address 1309 higher of	a State	
Street address	c) City or town College Colleg	and give town
Hospital or institution:		1
	distrect No. 1309 Kinght Is	
Length of stay in hospital or inst. yrs., mos., or days	If rural give location)	
	e If foreign born, how long in U.S. A.?	years
Length of stay in Baltimore (yrs., mos., or days) high	-//	
FULL NAME Elimoteth M. I	MEDICAL CERTIFICATION	
If veteran, name war 3 c Social Security Account	20. DATE OF DEATH Horanky 20 19 39	605/1
No. Marc		
Sex 5 Color or race 6 a Single, married, widowed, or	21. I certify that deposit urred on the date above states ed deceased from	d; that lattend
T White divorced	ed deceased from	3/19/9
	and that I last saw IN alive on UN 19 19	24.
(h) Name of husband or wife 6 c If alive, give age years		Duration
	myreardul buruffi-	
Birth date of deceased mo, day, yr / 10015/856	Immediate cause of death suppreartiel Carrefficulties	
AGE: Years Months Days Hess than one day		
P3 - 5 hr min	Due to	
Birthylace Dattimore, md. 1		
Birth lace (fewn, countyland tite)	Due to	
O. Usual Occupation Monce	Myrradikis k	
1. Industry or Lusiness	Ola Valenda Gusoroditis	
12 Name James J. Flood	(Include presuming within a results of death)	PHYSICIAN
	Major findings:	to the the
13. Birthplace Ireland	Of operations	leath should be
14. Maiden Name Mary a. Leorororor		hard d little
	Of autopsy	tienlis:
15. Birthplace Bulling	22. If death was due to external causes, fill in the fo	llowing:
6 (a) Informant Mrs April Le bample	(a) Accident, suride, or homicide	
(b) Address 1309 health the	(b) Date of occurrence	
1 DA thereof 11/22/39	With a did in mer recent?	
Register cremation or removed (morth) (day) (yes		
(c) Cemetery or crematory to is the dead be son .	d Did injury occur about home, on farm, industrial	bisce, in publi
NII + iducite 174.	place? Thile at wor	K.
Location Sur Julian Home		1
8 (a) Funeral director ( not)	(a) Means of the Commence	h ,
h Address Is I Sugarified.	23. Signature	11 M. D.
1000 21 15 Ship + + + 1/11 man 11	Addiga 133/7 S. Curry of Date sis	gned   20/3
White the resistration in the second section in the s		' /

VS 0

BALTIMORE CIT CERTIFIC	ATE OF DEATH 2	138
	2. USUAL RESIDENCE OF DECEASED:	•
Baltimore & Maryland Street address Morth front + Japanen Hospital or institution	Ind that sea	
Dalto, city Hosp	(c) City (If outside city or town limits, write RURA (If outside city or town limits, write RURA (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
- /		
FULL NAME Kinnett Ich	MEDICAL CERTIFICATION	- 5a
If veteran, name war 3 (c) Social Security Acc	20 DATE OF DEATH & LAUCKE COLL -	9, at M
Sex 5. Color or race 6 a Single, married, widowed divorced.	above, held an Juguery thereon and fr	om the evidence
b) Name of husband or wife	obtained by said (Autopsy or Inquiry)	d deceased came
6 c It alive, give age	death on the day stated above.	
Birth date of deceased mo, day, yr	Immediate cause of death	Duration
AGE: Years Months Days If less than one da	min 4 tured / bull	
Birthplace Dorchester Co. Md	Due to Corbral Concessed	in
). Usual Occupation School Soy	Due to	
12. Name Harry Schaeffer	Other Conditions	
12 Name January	(Include pregnancy within 3 months of death)	PHYSICIAN
13 Birthplace Redding Ja.		Underline th
14. Maiden Name Lora Marshall	Of operations	d ath should
15. Bridglace & orchester 65.	A	charged state
Informani Dora Schaeffer	Of autopsy  22. If death was due to external causes, fill in th	e followings
1 Address 7231 Eastern two	22. If death was due to externish the second of the second	hulet
Busial ( Date thereof Mor -	6/39 (b) Date of occurrence 11/4 4/39 4/3	1 0,0
(Burial, eremation, or removal) (month) (day	(c) Where did injury occur?	County) (State
(c) Cemetery or crematory Speddens & Drichete 6.	Har on the lines were about home, on farm, indust	nal place, in pub
Location De f. Miller	place? While at	work 110
8 (a) Funeral director	e Means of injury information to	M
Aldrens Colo Styles	B. Signature Will Med al Exa	miner

HEALTH DEPARTMENT—CITY OF BALTIMORE

OOLOO		
63139	CERTIFICAT	TE OF DEATH
TY OF BALTIMORE: (No.		Registered No
OF BALLIMONE: (AC.	1 A	mon. da. How long in U. S. If of foreign birth?
PULL NAME Frank 14	wall dong fellow I'L	•pecify WAR
(a) Proideres: No Long b	fullow Hafel, Bully and place of abode)	MA St., Ward. (If non-resident sive city or town and State)
PERSONAL AND STATIST	and place of allere	MEDICAL CERTIFICATE OF DEATH
SEX 4, Color or Race	5. Single, Married, Widowed. or Diverced (write the word)	The Testing decimal from
nale W	,	Nov. 15 1939 to Nov 12 193
If married, widswed, or divorced HUSBAND of	The state of the s	I last my har alive on Nov. 17, 1939, 10 Death is sai
(or) WIFE of	11/18/29	to have occurred on the date stated above, atm.
DATE OF BIRTH (month, day per	Days If LESS than	The principal cause of death and related causes of
AGE Years Months	Days If LESS than  1 day	Prematurity - 8 mrs - wx 3 cho.
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bunk, etc.  10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory causes of importance:
HIRTHPLACE (city or town)	also, ma	Ven an operation performed?  Date of  Dec what disease or injury?
18. NAME FINCK Herbeit &	Confeller for	Name of operation
14. RESTRIPLACE (city or town). (State or country)	Balto Mis	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the fe
15. MAIDEN NAME Hong Man	your lennis	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (dty or town)	Preto ma	Where did injury occur? (Specify eity or thwn, county, and State) Specify whether injury occurred in industry, in hame, or in pebl
INFORMANT Father		place
(Address) BURIAL, CREMATION, OR REM	OVAL	Manner of injury
Place Colorale	75 Day 19	Nature of injury  24. Was disease or injury in any way related to occupation of decease
(Address) Otally 4	aish luty	16 0 specify & Muerray 14.
'NOV 21 1939 1	introgton Nolliague Registrar	48. Chase writer
1 21 1000		

#### 63140

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



# / 08 F 63140 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland		
	(a) State laryland (b) County	
Street address (T. a. ) ark Irive and Sist St. Hospital or institution:	(c) City or town Baltimore, Mar lan	Al. and give town
U. S. Marine Hospital, Baltimore, Md.	1512 levebell Ct. Pol	timore Ma
Length of stay in hospital or inst. (yrs., mos., or days) 1 day	Street No. 1010 mar Shall 51., Sal	)
Length of stay in Baltimore (yrs., mos., or days) Lifetime	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME John F. Staylor		V
My reteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
tuan Place Turko. none	20. DATE OF DEATH	9 at 10 PM
Sex 5. Color or race 6 (a) Single, married, widowed, or	21 Legrify that death occurred on the date above sta	ted; that lattend-
Male Married Married	ed deceased from Nov. 19, 19 39, to Nov	1039
(h) Name of husband or wife Sola Staylor (Smith)	and that I last saw h im alive on Nov. 20,	SENSON SERVICE
6 (c) If alive, give age years	Immediate cause of death	Duration
Birth date of deceased mo, day, yr Oct. 22, 1886	Pneumonia, lobar	b days
AGE: Years Months Days If less than one day	Desta	
0 28 hr min.	Due to	
Buthplace Paltimore, Maryland.	Due to	_
0. Usual Occupation not one Clerk		-
0. Usual Occupation 1. Industry or business	Other Conditions	
12 Name Fhalip Staylor	(Include pregnancy within 3 menths of death)	PHYSICIAN
	Major findings:	Underline the
Van and Thornton	Of operations	cause to which leath should be
14 Maiden Name Haltimore, Laryland.	Of autopsy No autopsy	charged statis-
1 15. Birthplace	Lawre fill in the	
b (a) Informant Records-U. S. Marine Cospital	22. If death was due to external causes, fill in the	
alumore, M.		
Bunch Bate thereof NW 24,19	(C) Where did injury occur?	
(Burial crematic or removal Bald Halismale	(City or town) (College or town) (College or town)	al place, in public
(c) Cemetery or crematory (Care Granden)	place) While at w	
Location Bull Burely	(Specify type of place)	
8 (a) Funeral director ( Gouland Journ	(e) Means of injury	
(b) Address /400 00 NE Wester /11	23. Signature 0. Denmey	м. D.
Alt in only formaries his	Address V. S. Larine Hospita Date	signed
Date to d by regulators	Baltimore, Md.	

## CERTIFICATE OF DEATH

F 63141

	THE PROPERTY OF DECEMEN	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Balumore City, Maryland	(a) State MD. (b) County a a	
Street address	ANNAPOLIS	
Hospital or institution: 1018 HOSPIT	(c) City or town ANNAPOLIS (If outside city or town limits, write RUII	(AL and give town)
Length of stay in hospital or inst. (yrs., mos., or o	days 37 deyo of Street No	a)
Length of stay in hospital of thist. Yes, hos, or	(c) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore yra, mos., or days	To the control of the	1
( FULL NAME EDWARD Joh	~ Calahan	V
110		1
h) If veteran, name war 3 (c) Social Sec	5 1/54 20. DATE OF DEATH NOV-21 193	19. at 217 A
MALE White divorced. Since	ed deceased from Oct-16 1939, to N	0 V-2/ 1939
MAIE WHITE OTHE	and that I last saw him alive on Nov 21.	1939
h Name of husband or wife		
6 (c) If alive, give a		Duration
Birth date of deceased mo, day, yr 4-4.		
AGE: Years Months Days If less the	min.  Due to Chronic Stonerulo - Me  My Hypertensine C-Y- dikee	scribin
32 hr.	min. Due to	hukum
L <sub>A</sub>		
Birthplace (Town, county, and stat	Due to.	
O. Usual Occupation Clerk	40	
1. Industry or business	Other Conditions	
12. Name PATRICK CAlAhA	(Include pregnancy within months of death)	PHYSICIAN
V <sub>4</sub> -	Major findings:	Underline the
13. Birthplace	Of operations	death should be
14 Maiden Name Elizabeth K	NOX	charged statis
15 Rischplace 4A	Of autopsy	tically.
7	22. If death was due to external causes, fill in the	e following:
INDUSTRIBLE HOPETES HOS	(a) Accident, suicide, or homicide	
b Address	( 194 1830 b) Date of occurrence	••
Quinal b Date thereof	onth) (day) (year) (c) Where did injury occur) (City or town) (C	County) (State)
Burial remation or removal	d Did injury occur about home, on farm, industr	
Cemetery of clematory	place? While at	work?
Location annapoles	(Specify type of place)	
a Funeral director	(e) Means of injury	7. Q.
1 Address ann yoglob	23. Signature	M. D.
MOV 01 1020 +	b/rx Date	signed H -21
mak regular remercas unter grown	Megistrar Address Date	

#### 

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

/	Registered	d No.	
	F	63142	

BLACE OF DEATH.	THE STATE OF THE S	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	4
Baltimore City, Maryland Bressin, Mr.	(a) State Backs. of Change	
	c City or fown 131 Abrels alley (If outside city or town limits, write RURA)	Landel
Hospital or institution: Provident Hospital	(If outside city or town limits, write RURA	( and give town)
	Street No. (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
a FULL NAME your hornley		
(h) If veteran, name war Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH // 1939	, at 3 3 o P. M
Sex 5 Color or race 6 a Single, married, widowed, o divorced Cur.	21. IHEREBY CERTIFY, That I took charge of the ret above, held an (Autopsy or Inquiry)	om the evidence
(b) Name of husband or wife 6 (c) If slive, give age year	obtained by said (Autopsy or Inquir,) find that said to him death on the day stated above.	deceased came
Birth date of deceased mo , day, yr	Immediate cause of death	Duration
AGE: Years Months Days If less than one day		
47 hr. mir	Frostores Stenes	
Birthplace  Occupation	Due to Obsers of Brain	
Industry or business		
12. Name	Other Conditions	
13. Birthplace	(Include pregnancy within 3 months of death)	PHYSICIAN
2	Major findings:	Underline the
14. Maiden Name	Of operations	cau to which
15. Berthplace	Of autopsy as above	charged statis-
(a) Informant	Clautopsy CS CO.	following:
(6) Address	22. If death was due to external causes, fill in the f	ende
(b) Die thereof	11 -1 - 3 9	
(month) (day) (yea	Where did injury occur? City /130	
(e) Cemetery or crematory	Did injury occur about home, on farm, industria	I place, in public
Location Commissioner of Live	place? Mile at wo (Specify type of place)	
Funeral director	( Means of injury Struck in was my	y are
(b) Address	23. Signature Journal Justice	M.U
MAL 91 STONE SOUTH Registers	Date signed 11-11-39 Medical Examina	

#### 63143

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. F 63143

PLACE OF DEATH:  Baltimore City, Maryland  Street address 1.732 E. 28 th Street  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Baltimore (If outside city or town limits, write RURAL and give town Street No. 1732 E. 28th Street
Baltimore City, Maryland  Street address 1732 E. 28 th Street  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Life	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town
Street address 1732 E. 28 th Street Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Life	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town
1.110	A Street No. 1732 E. 28th Street
1.110	
LATIENT OF PLAY IN CONTRACTOR OF THE PARTY O	(e) If foreign born, how long in U. S. A.? year
a) FULL NAME Frederick Roehrer	
b) If veteran, name war 3 (c) Social Security Account	N
No. 15. Color or race (6 (a) Single, married, widowed, o	
Sex Scolor or race 6 (a) Single, married, widowed, o divorced. Single	13 9 10 Chiens - 193 9, 10 New 21937
b) Name of husband or wife 6 (c) If alive, give age year	and that I last way the calive on the 1019 37.  Immediate cause of feath Reuty Duration
	1382 Certal Failure
AGE: Years Months Days If less than one day	Dassibly
57 7 2021 hr. mit	in. Due to (Caronarellinesus)
Birthplace Baltimore, Ma.  (Town, county, and state)  (Warehouse Man  Industry or business Hochield Kohn & Co.	Other Condition Catallels Face X
Andrew Property	(Include pregnancy within 3 months of death)
12. Name Andrew Roehrer	Major findings: Underline
13 Birthplace Germany	Of operations cause to white death should
14. Maiden Name Barbara Baum	charged sta
15. Birthplace Germany	Of autopsy citally.
Interment Mrs. William Schuman	22. If death was due to external causes, fill in the following:
b Address 1732 E. 28th St.	(a) Accident, suicide, or homicide
Burial Date thereof Nov. 22,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Burial, cremation, or removal) (month) (day) (yes	(City or town) (County) (State
Cemetery or crematory St. Matthey & A.	(d) Did injury occur about home, on farm, industrial place, in pu
Location Baltimore feet Hum	place? (Specify type of place) While at work?
Funeral director H. SANDER & SON INC.	(e) Means of injury
a Funeral director	A DA No Manageres
(b) Address Baltimore & Broadway	23. Signature M. IA

## CERTIFICATE OF DEATH

131

Registered No.

F 63144

				3135.6.4
I. PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland b) Street address 105 E. West St.		West St	(a) State Vd. (b) County	
Street add		5 NESC DO.	(c) City or town Baltimore, Md.	
riospitai o.	medication.		(If outside city or town limits, write RUR)	
			dy rect No. 105 E. West Street	
		r inst. yrs., mos., or days)	(If rural give location)	
length of	itay in Baltimore	(yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAT	Minnie	D. Wheltle		
(b) If veteran	, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	
		No.	20. DATE OF DEATH NOV. 20th 1939	), at 6 P. M
. Sex	5. Color or race White	6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above state ed deceased from July 19 19 22, to held.	00
b) Name of	hueband or wife	John B AWheltle	and that I last saw h er afive on nev. 20, 1	4
. Birth date of	deceased mo,	day, yr.) Feb. 24, 1872	Consolidation, Call ling, (Remona)	2 days.
		Days   If less than one day		
67	8	26 hr. min	Due to Jastro - intestigned kemorrhay	of says
Rightplace	Baltimore	2	(where follows by	1,10
		·Town, county, and state)	Due to Cerebral Thanbosis and	4 days
	apation None	1	Other Conditions alers polerosis, by let mas	12 4
I. Industry or		7	and retholis.	
	John B. 1		(Include prognancy within 3 months of death)	PHYSICIAN
13 Birthple	ce German	V	Major findings: Of operations	Underline the
14 Maiden	Name Mary	Pottgeiser		South should be
15. Birthpla			Of autopsy	charged statis- tically.
la Inform	Alber	t F. Wholtle	22. If death was due to external causes, fill in the fo	ollowing:
t Addres	. 105 E	. West Street	(a) Accident, suicide, or homicide	
			9 (b) Date of occurrence	
a Burial (b Date thereoff OV. 23, 1939 (month) (day) (year)		mi) (month) (day) (year	(City or town) (Cou	nty) (State)
(c) Cemete	ery or crematory	Cathedral	(d) Did injury occur about home, on farm, industrial	
	n Baltimo		place? While at wor	rk?
(a) Funera	director Marg	aret G. Flynn	(e) Means of injury	
(h) Addres	1422 Li	ght Street	23. Signature to a Kuldoner	- M IN
a (De ter rev	dby mei trar;	- 9 for Pitte Richards	Address 128. All Date sig	med 11/21/31

## CERTIFICATE OF DEATH

Registered No. 63145

Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME.  Multiplical Henry Haller  No. (2) 15-10-2381  No. (2) 15-10-2381  No. (3) 15-10-2381  No. (3) 15-10-2381  No. (4) Single, married, widowed, or divorced named that death occurred on the date above stated; the edd deceased from the date above stated; the edd edecased from the date above stated; the	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mo	-
Length of stay in hospital or inst. (yra., mos., or days)  Length of stay in Baltimore (yra., mos., or days)  FULL NAME.  MEDICAL CERTIFICATION  20. DATE OF DEATH Movember 2/ 19 39, at a deceased from the date above stated; the edd deceased from the edd	e .
FULL NAME.  Pucholan Stewny Security Account No. Social Se	year•
If veteran, name war  No. 615-10-2381  No. 615-10-2381  Sex 5. Color or race 6 a Single, married, widowed, or divorced named ale while follow the Pollke and that I last saw hair alive on Rambous 1 1938, to Rambous 6 of If alive, give age 46 years  Birth date of deceased mo. day, yr hw. 20, 1891  AGE: Years Months Days If less than one day hr. min.  Birthplace Frederick mo. (Town, county and cate)  Usual Occupation Milk Falls Due to Other Conditions  Other Conditions  Other Conditions  (Include pregnancy within 3 menths of death)	
divorced named deceased from the following of husband or wife following the Roelke and that I last saw hair alive on Romba 11 19 36.  Birth date of deceased mo. day, yr how. 20, 1891  AGE: Years Months Days If less than one day hr. min.  Birthplace Frederick and that I last saw hair alive on Romba 11 19 36.  Birthplace Trederick and that I last saw hair alive on Romba 11 19 36.  Birthplace Trederick and that I last saw hair alive on Romba 11 19 36.  Due to the Conditions Due to Other Conditions None.  Other Conditions None.  County for business (Include pregnancy within 3 nighths of death)	
Birth date of deceased mo. day. yr nw. 20, 1891  AGE: Years Months Days If less than one day  hr. min.  Birthplace Frederick and county and state  Usual Occupation Mulk Falesman  Industry or business  Author of deceased mo. day. yr nw. 20, 1891  Due to to the county and state  Other Conditions  Other Conditions None  (Include programcy within 3 menths of death)	., -, -,
AGE: Years Months Days It less than one day  hr. min.  Due to Menincipal Due to  County and carte  Usual Occupation Duck Salesman  Industry or business  Author A. Haller  Conditions  Clinchide prograncy within 3 menths of death	Duration 7 Lay
Usual Occupation The La Casman  Industry or business  (Include programmy within 8 menths of death)	مرد .
Industry or business . Italier (Include programcy within 3 months of death)	
12. Name Major findings:	PHYSICIAN
13. Birthplace Mcd. Of operations	ath should barged at
15. Birthplace 2 16 death was due to external causes, fill in the follow	wing:
(a) Informant & Cugline Haller (a) Accident, suicide, or homicide.  (b) Address Frederick, mol (b) Date of occurrence.	•••
(Burisl, cremation, or removal) M. L. Clevel Con (d) Did injury occur about home, on farm, industrial plants (d) Did injury oc	(State)
(d) Did injury occur about 10th While at work?  Location Tuderies, Prof. (Specify type of place)	
(a) Funeral director M. 13. Cleusour Tout (e) Means of injury Lea aclumen	M. D.
the Address 1201 Pylas from St Date signe	311/4/1S

#### 63146

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Resigned No. 146

)· ) k k k	Control of the Contro
LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland / 7 4	
/62 7/6	(a) State (b) County
Street address / 82/10 . Tairmoun	(c) City or town
Hospital or institution:	of outside city or fown limits, write no hard and give
	(d) Street No. 1827 W. Fairmount
the state of days of days of	(If rural give location)
ength of stay in hospital or inst. (yrs., mos., or days)	Transfer to the boundary in U.S.A.)
ength of stay in Baltimore (yrs., mos., or days) diff	(e) If foreign born, how long in U. S. A.?
FULL NAME CO. Road THE	Dayer-
2 S il Somity Acc	MEDICAL CERTIFICATION
If veteran, name was 3 (c) Social Security Acc	7/ 18 30 6306
No.	
5. Color or race 6 (a) Single, married, widowe	d. or 21. I certify that death occurred on the date above stated; that latter
agle w. divorced. marries	ed deceased from March 1939, to Kor 18 193
Name of husband or wife Geo. J. Day	
Name of husband of wife	years Immediate cause of death
77 - 110	59 Chame Wheelow
with date of deceased (mo, day, yr.) May 25, 76	Collie morned defermed his ye
GE: Years Months Days If has then one day	min. Due to J. autylisis of laces
80 5 23 hr.	min. Due to J.
Birthplace Backo. mel.	- Jugar
arthplace (Town, county, and state)	Due to .
Usual Occupation N. W. (Town, county, and state)	
Industry or business Own Thomas	Other Conditions
101167 1000	PHYSICI
12. Namo Pott G. Freidlein	(Include pregnancy within 3 months of death)
13. Birthplace Germany	William Co.
	Or operations death should be the should be
14. Maiden Name	charged at tically.
15. Birthplace Germany	Of autopsy .
b 11 0 1 1 0 1 1	22. If death was due to external causes, fill in the following:
(a) Informant (Caralis )	Accident, suicide, or homicide
(b) Address 1827 W. Vaurnum	
(a) Burial (b) Date thereof "/22	(c) Where did injury occur)
(Burial, cremation, or removal) (day)	(Area) II .
(e) Cemetery or exematory Calc Lawn	(d) Did injury occur about home, of farm, industrial place, in p
in the state of the	place? (Specify type of place) While at work?
Location as Marrey H. This	14 ()
(a) Funeral director	Means of injury
(b) Address 4/0/6 amonasous	23. Signature
120 With the town Williams	Address 8/8 wh land Date signed 1/2
Right ree d by registrar)	MY Mulicos

## CERTIFICATE OF DEATH

F 63147 Registered No.

	2. USUAL RESIDENCE OF DECEASED:
ACE OF DEATH: Baltimore City, Maryland	a) State Lary Land (b) County
Street address syman Park Prive and 31st St.	(c) City or town Baltimore, Laryland.  (d) City or town Baltimore, Laryland.  (e) City or town Baltimore, Laryland.  (f) outside city or town limits, write RURAL and give town)
tellimore. Mc.	or on week their winner Averile
Length of stay in hospital or inst. (yrs., mos., or days) 5hr20m1 Length of stay in Baltimore (yrs., mos., or days) 43 years	(e) If foreign born, how long in U. S. A.? years
FULL NAME George	MEDICAL CERTIFICATION
WW No.	20. DATE OF DEATH NOV. 19, 1939 19 .alo:20FM
ex 5. Color or race 6 (a) Single, married, widowed, or divorced. Warried	21. I certify that death occurred on the date above stated; that lattended deceased from 81 - 19 19 39, to 100 19, 19 39 and that I last naw h 1m alive on 100 19, 19 39.
Name of husband of wife Helen Whalen (Kerr) 6 (c) If alive, give age years	Immediate cause of death Fracture at base   Duration   Day
Birth date of deceased (mo., day, yr.) Unknow n	OI SEULL
AGE: Years Moeths Days If less than one day  Age of the min.	Due to
Unual Occupation Fainter	Due to
Industry or husiness	Other Conditions PHYSICIAN
12. Name Faltimore, Maryland.	(Include pregnancy within 3 months of death)  Major findings:  Underline the cause to which
14 Maiden Name Margaret Sullivan  14 Maiden Name Margaret Sullivan  14 Maiden Name Margaret Sullivan	Of autopay Fracture a base of S.u. meally.
15. Birthplace  (a) Informative ecords—1. S. Marine Hospital,  (b) Address altimore, Maryland.  (b) Date thereof //- 21-3  (Burial, direction, or removal)  (Burial, direction, or removal)	22. If death was due to external causes, fill in the following:
Location Freduch are  Experient director Plobert Brooks & Son	place? At lone While at work? (Specify type of place)  (e) Means of injury Fall down steps
(1) Address falhoum & Tolland (1)	23. Signature  Address hal timory and HospitalDate signed 1/20/

VS 8

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



50 Emgrass

63148	A DECEMBER	
ACE OF DEATH: altimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State Maryland (b) County Bulling	vol.
lospital or institution:  Neuronial Morfital  Order 380	(c) City or pwn    Sauls	
ength of stay in hospital or inst. (yis, mos, or days) 380, ength of stay in Baltimore (yrs., mos., or days) / 20.64	(e) If foreign born, how long in U. S. A.)	lest
FULL NAME Mrs. William Q. Parls  If veteran, name war  3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH	7 6 18 N
5. Coloror race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above st	ated; that lattend
Name of husband or wife Wm. Q.  6 (c) If alive, give age 48 years	and that I last saw har alive on Mar. 21	Duration 70 min
GE: Years Months Days Offices than one day  H 8 5 20 hr. min.	Due 10 Brain Tumor	Makeron
inthplace Bound Brook new Jersey (Town, country, and state)	Due to	ww
Industry or business	Other Conditions (Include pregnancy within 3 months of death)	PHYSICIAL
12. Name angels augo 13. Birthplace I taly	Major findings: Of operations	Underline to white death should
14. Maiden Name anna Regan 15. Birthplace Bound Brook, n. g	Of autopsy Proid Lucy 22. If death was due to external causes, fill in the	charged stat tically.
(a) Informant wm. a. Sachert (b) Address Sparts marylane (b) Address (b) Address (b) Address (c) (b) Address (c)	(a) Accident, suicide, or homicide	
(Burial, cremation, or removal) (month) (day) (year	(c) Where did injury occur? (City or town)	County) (State
Location	place? (Specify type of there) While at	
(a) Funeral director (A)	23. Signature The May Right	

3E163149



63149 BALTIMORE CITY F	TE OF DEATH	149
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: altimore City, Maryland	(c) City or town A/tooNa (If outside city or town limits, write RURA)	Lucidostas todas
lospital or institution:	(If outside city or town limits, write RURA)  (If outside city or town limits, write RURA)  (If outside city or town limits, write RURA)  (If outside city or town limits, write RURA)	42.
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	years
FULL NAME EI ad Bahay	MEDICAL CERTIFICATION	
If veteran, name war	20. DATE OF DEATH //- 2 / 193	
5 Color or race 6 (a) Single, married, widowed, divorced Single	ed deceased from	1939
Name of husband or wife 6 c If alive, give age ye	Immediate cause of death with.	Duration
Birth date of deceased mo, day, yr 12-3-76  Months Days If less than one day	pulmonary	
CI. Legin	Secondary to reserve	n
Birthplace /a. Bown, county, and state)	Due to Freeton for	14
Usual Occupation	Other Anditions	PHYSICIA
Industry or business	(Include prognancy within 3 months of death)	Underlin
12. Name SAMWe/BahN	Major findinga: Carcinoma of	death should
13 Birthplace /a.	sectum.	harged 'a
14 Maiden Name Monde STare	Of autopey	tically.
15. Birthplace	22. If death was due to external causes, fill in th	e following:
15. Birthplace Records	(a) Accident, suicide, or homicide	
(b) Address	(b) Date of occurrence	County) (Stat
(Burial, cremation, or removal) (month) (day)	(yest)	mal place, in pu
Location Washington D.G.	place? (Samely type of place)	
Juliano 62	of red. 23 Signature Marcus M.	with
(a) Funeral director 15 to Paul St Bal	Address from tof him top , Dat	e signed 121
(d)   Pate rec d by registrar)		

ERTIFICATE CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
Saltimore City, Maryland  Saltimore City, Maryland  Saltimore City, Maryland  Saltimore City, Maryland  Saltimore City, Maryland	(a) State Man Baltimore	)
dospital or institution:	(c) City of toutside city or town mits, write RURAL	this!
	Af Street No. 6 / Wit rural give location)	years
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
FULL NAME 7	)	
Social Security Account	MEDICAL CERTIFICATION	at 8 A M
No.	20. DATE OF DEATH	d that lattend-
5. Color of Jace 6 (a) Single, married, widgwed, or divorced.	21. I certify that death occurred on the date above and ed deceased from NOV. 18 1939, to Novandard and that I last saw how alive on Nov. 20, 19	
None of husband or wife	and that I last saw how anve on	
G (c) If allve, and	Pown chie Lasis	tors years
Birth date of deceased mo, day, yr  AGE: Years Months Days If less than one day	2	
hr. min.	Due to	
Birthplace Jethua and start 1984	Due to	
Word Occupation Nettried Jaille	Other Conditions acute dil atales	t clays
Industry or business Wiggustres	Titlede pregnancy within 3 months of death	I William
12. Name Sold A	Major findings:	I nderline the
13. Birthplace Comments	Of operations	death should be charged statis
14. Maiden Name Unknown	Of autopey	following:
15. Birthplace Mary youdiges.	22. If death was due to external causes, fill in the	
(b) Address 672 w Faylett St	(a) Accident, suicide, 6.	-
(d) Quisl (b) Date the good (profith) (day) (year (burial, cremation, or removal)	(City or town) (Co	al place, in publ
(c) Cemetery of Compatory Holy Cathy	place? (Specify type of place) While at w	ork?
(a) Funeral director Umy	(e) Means of injury J. B. Ps Conus	has M. D.
(b) Address 12/7 DE 1 Curre	23. Signature J. 13. Volonius Address 30 37 Oronall & Bate	signed//-20-
(a) Date for d by rest true	II Address L	

# CERTIFICATE OF DEATH

()()(0)	BESIDENCE OF DECEASED.	
ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
	(b) County	
altimore City, Maryland treet address 362/ Rokerts Place	(c) City or town iff out ide city or town limits, write RURS	
treet address	(c) City at town	AL and give town;
dospital or institution:	Street No. 3621 Roberts Pla	CC
	Street No. (If rural give location)	)
ength of stay is hospital or it st. (yrs., mos., or days)	A Landin II S A2	yeare
ength of stay in Baltimore yrs., most or days 50	(e) If foreign born, how long in U. S. A.?	
FULL NAME Vames O. Kith	MEDICAL CERTIFICATION	
16 voteran panie wat 3 c Social Security Account	May 21 K 103	9 -630 PN
No. 2/3 - /3 - 6/3 7	20. DATE OF DEATH	lab lattend
5. Color or race 6 (a) Single, married, widowed, o	t and a second on the date above sta	v 20 1034
divorced distorred	ed deceased from LOY. 10 1939, to U	1039
Name of bushand or wife Sentrude Mitcheld	and that I last saw h M alive on 1/17 70	
Name of husband or wife 6 c) If alive, give age year	The state of the s	Duration 10 day
	Immediate cause of death Hermondage	1,007
orth date of deceased mo, day, yr 201 34 1852	0	
	Due to	
hirthplace Hang Reat Co. Va		1040
birthplace Keny Kent Town, county, and state!	Due to an Lenio Selarosis	0
3 d Wate have well		
Cada Octobrio	Other Conditions	
Industry or business / (82 Co) of C	Include pr gnames within 3 months of death;	PHYSICIA
12. Name An Maron Mitchell	Major findings:	Underline t
13. Birthplace	Of operations	death hould
THE PARTY OF THE P		charged stat
14. Maiden Name	Of autopsy	tically
15. Birthplace	22. if death was due to external causes, fill in the	e following:
(a) Informant To Zilliam Emar	(a) Accident, suicide, or homicide	
1) Address 3521 Jobests Place	(b) Date of occurrence	
Purial h Date thereof 1/23/39	1 1 in any occur)	County) (State
(month) (dh)) (ye	(d) Did injury occur about home, on farm, indust	
C Cemeters of cremetors 115 Carried	While at	work?
Make Ila	place? Specify type of place)	
Location William Boll	1.0	- K.
1 uneral director illians both	23. Signature	aught M. D
(b) Address /2/7 J. Frank of	Cal 4 / Commont Man	signed 4/39
Revintent	Aldress	

VS 3

## BALTIMORE CITY HEALTH DEPARTMENT FROM 152 CERTIFICATE OF DEATH

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	5
PLACE OF DEATH: Baltimore City, Maryland	a State And (b) County	. W
Street address 429 June 7	Det me	
Street address T	(c) City or wn (if out ide city or town limits, write RURA	L and give town)
Hospital or institution:	idy sweet No. 424 (Judy hochtion)	<b>/</b>
or days	(If Gral give location)	
Length of stay in hospital or inst. yrs., mos., or days	of If foreign born, how long in U.S.A.?	years
Length of stay in Baltimore (yrs., mos., or days) 63		
FULL NAME Bound M. Hartman	CERTIFICATION	
2 Social Security Account	MEDICAL CERTIFICATION	9. at 54 M
No. Fore		
5 Color of race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	2/ 1939
Mile With divorced widness	ed deceased from 11/21 197.60	1934
M +	21. I certify that death occurred on the date above stated deceased from 11 21 139. 10 11 and that I last saw h alive on 11 21	Duration
b) Name of husband or wife 6 c If alive, give age years	Immediate cause of death both Valle 4	24 4000
Birth date of deceased mo., day, yr. 18, 1876	arteur clash Cords - Vouda le	· ·
AGE: Years Months Days Offless than one day		
(2 10 3 hr min.	Due to	_
Balto not	Due to	
Birthplace Two, or nty, and state)		
D. Osdar Occupation	Other Conditions	
Industry or business Rational	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name	Major findings:	Underline the
13. Birthplace	Of operations	teath hould!
14 Maiden Name Portion Wagner		harged tati
15. Birthplace	Of autopsy  22. If death was due to external causes, fill in the	following:
11 When - Am	22. If death was due to external causes,	
a informant	(a) Accident, suicide, or homicide (b) Date of occurrence	
Burial b Date thereof 11/24/39	and the same of th	County) (State)
(month) (day) (yent	(d) Did injury occur about home, on farm, industr	
(c) Cemetery as commutary	While at	work?
Location Bulto md	Specify type of place!	
Funeral director William Cook	(e) Means of injury	
171 V land of	23. Signature	7. D7
b) Address	Address ) 406 E. Date	nigned 1797
Date we dies regularer	712 Wollemober	. 6 8

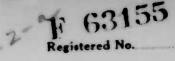
	BALTIMORE CITY HEAL	OF DEATH  2. USUAL RESIDENCE OF DECEASED:	
	TIMORE CITY HEAL	OF DEATH	
00153	BALTIMOTIFICATE	2. USUAL RESIDENCE OF DECEASED:	
63153	CERTIFIO	MICHAL RESIDENCE OF DECEMBER	
		2. Usuals (b) County	
		2. USUAL RESIDENCE (a) State (b) County (a) State (c)	d give town!
PLACE OF DEATH	the the state	The state of the s	
D. Jamore City, Maryland	a will see	(c) City at the out ide city	
132/1	y en	134 11 A (It royal give location)	years.
Street address	Johnson Col.	Street No. 15 % If what give location)	year
Street address.	1-11	baw long in U.S. A.	
d) Length of stay in hospital	inst. yrs., mos., or day.	If foreign born, how long in U.S.A.?	
ab of stay in hospital	or days)	TION	
d) Length of stay in hospital	re yrs., mos.,	MEDICAL CERTIFICATION 1939	M
Length of stay in	Mary Well	MEDICAL CERTIFICATION 1939.	at
FULL NAME EME	No. MAE Lowed.	20. DATE OF DEATH  20. DATE OF DEATH  21. I certify that death occurred on the date above states  21. I certify that death occ	d; that lattend
CH4	3 of Social Section	20. DATE OF DEATH  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.  21. I certify that death occurred on the date above state.	21 1937
b) If veteran, name war	No. ANA midowed, o	21. I certify that a Selv 11 19 37.	39.
	No. No. Single, married, widowed, o	ed deceased from alive on M	Duration
5. Color or r	divorced.	21. I certify that death occurred on 1939, to 19 ed deceased from Self 11 1939, to 19 and that I last saw has alive on 19	126.1
and the state	1 Action	1 1mmediate cause of death herror hog	months
Mus separation	wife we age yes		
Name of husband of	wife 6 (c) If alive, give age yes	Me de Tron det	
(6)	day yill the are day	, my	
a ab date of deceased	mo, day, yr.) If less than one day	min. Due to	
Birth date of deceases	ha bay	Other Conditions Prouchs - Incum Other Conditions British & minths of death)	chan
AGE.	1 2	Due to I - Ineur	and south
		Brongen	PHYSICIAN
Burthplace	Town, county, and state)	Other Conditions (Include pregnancy within 3 months of death)	tinderline the
and in the second	No.	inde pregnancy within 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ueual Occupation	- France	Major findings:	death should be harged status
Industry of our	1 6-10	Of operations	tically
12 Name / W	our riores	Ol of	(I)Carry
12.	The trade	of stoney fill in	the following.
13 Birenpies	The wissen of the war	Of autopo	
14 Maiden Narke	nknim a treat	Of autopsy  22. If death was due to external causes, fill in  (a) Accident, suicide, or homicide  (a) Accident, suicide, or homicide	
15. Birthplace	1012	(a) Accident	
15. Birmp.	Me Colem	(a) Accident  (b) Date of occurrence  (c) Where did injury occur  (d) Did injury occur about home, on farm, in  (d) Did injury occur about home, on farm, in  (e) White	(County)
a Informant	11 7 11 11 11 11 11 11	b) Date of occurron (City or town)  Where did injury occur)  City or town)	dustrial Pizz
h Address &	Describerent (1)	While	at Work
	Temeval)	(d) Did my	
de gurial creme	or crematory	place? (Specify type of place)  (a) Means of injufuluis Fruit  23. Signature  Address 10 (3) Church II	& wold
Cemetery	of crematory	Means of injuraling True	11/21/
( Cem	To contract of	Signature / 11	Date signed
1 acallon	min Towns All ()	23. Silver Cheerly	
(a) Funeral d	The state of the s	II TA Address 10 C	
(a) Address	1 - 411	Constat 1	
100000	and the state of the		

#### Leister

## CERTIFICATE OF DEATH

F 63154
Registered No.

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
ce of DEATH:  Itimore City, Maryland  reet address 2-23 U. Good M:  capital or institution:	(a) State M. (b) County (c) City or town Pallican (If cutaide city or town limits, write RURA (If rural give location)	I, and give town)
ength of stay in hospital or inst. (yrs., mos., or days)	If foreign born, how long in U. S. A.?	yeare
FULL NAME Simpuld Scott he	MEDICAL CERTIFICATION	
li veteran, name war  3 (c) Social Security Account No.	Med. 21 = 193	7, at 3:36 M
5, Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from 17 1951, to list and that I last saw h 100 alive on 200.20	21 1939
Name of husband or wife Rosa M. Fuston	Immediate cause of death facuous hage	5 with
rth date of deceased mo., day, yr June 26, 1867  GE: Years Months Days If less than one day  12 4 25 hr. min	Due to arternalerosio	-
Usual Occupation Postul Service	Due to Myscarlitis Other Conditions	
Industry or business Surlings Circlings	itnelude pr guancy within 3 months of death)	PHYSICIAN
12. Name Zyphlnich Leister 13. Birthplace Carroll Co. Marsh	Major findings: Of operations	Underline to whi death should charged state
14. Maiden Name Civilla	Of autopay (III in the	tically.
15. Birthplace The Leveler	22. If death was due to external causes, fill in the	
(b) Address 2625 St. Vaul 1	(b) Date of occurrence	County) (State
(Buris), remation, or removal)	ar)	trial place, in pu
(c) Cemetery of crematory	place? (Specify of play)	1
(a) Funeral director Watth Warth we - Bulling	23. Signature	mor x 11
(a) Registrar	262401 Faul 01. Det	e signed #/22



63155  BALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT 12 Registered No.	
ACE OF DEATH:  Baltimore City, Marylage 17  Street address DODB Grough St.	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town altimore (If outside city or town limits, write RURAL)	
ength of stay in hospital or inst. (yrs., mos., or days) ength of stay in Baltimore (yrs., mos., or days) 50	dr Street No. 1817 Gough St.  If rural give location)  (e) If foreign born, how long in U. S. A.)  50	. years
FULL NAME Wawrzyn Lorence Borowiak If veteran, name war  3 (c) Social Security Account	MEDICAL CERTIFICATION	7 A M
No. None  5. Color or race divorced warried, widowed, or divorced warried  Name of husband or wife ary Borowiak  6 c If alive, give age 65 years  Birth date of deceased mo, day, yr  1864  GE: Years Months Days If less than one day  hr. min.  Poland  Town, county, and state)  Usual Occupation Laborer  Industry or business  12. Name  John Borowiak  13. Birthplace Poland  Unk.	Asterioselerotic C-V Rena	19 1939. 39.  Duration 9 day
Poland  a Informant Mary Rorowiak  b Address 1817 Gough St.  (a) Furrial b Date thereof Nove. 24.  (b) Burial cremation, or removal  c) Cemetery or crematory Holy Rosary  Location Baltimore  (a) Funeral directed 11. 12 as and circles  b) Address 1930 Fastern Ave.  Registrar	22. If death was due to external causes, fill in the f  (a) Accident, suicide, or homicide North  (b) Date of occurrence	inty) (State) I place, in pub ork?

## BALTIMORE CITY HEALTH DEPARTMENT

No Refliter 63156

	CERTIFICATE	OF DEATH V	
156		THE THE OF DECEASED:	14
LACE OF DEATH:		2. USUAL RESIDENCE OF DECEMBER 18	ecro
Baltimore City, Maryland		a State	
Street address 3307	o gurleum a da	(c) City from Ballium (If coatside city or town limits, write RU	RAL and give town)
Street address		(If outside city or town film)	-M OP1
Hospital or institution:		destreet No. 3304 Buste	un)
	l.ma\	3 4	years
Length of stay in hospital	or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
Raltimo	re (yrs., mos., or days)	(e) It toleran	
Length of etay in Danis	D- 101	Hatta Land	
FULL NAME	CHARLE I	Telle hell MEDICAL CERTIFICATION	N 45
	3 Social Security Account	M - 0 + 10	39 at/ COM
h) If veteran, name war	No 212-09-0345	20. DATE OF DEATH	stated that lattend-
	a l _ meried widowed, or	at all a death occurred on the date above	hor 2019 39.
Sex 5. Color of ra	divorced Massied	1 1- annual from Direct	7219 39.
made It hate	of a la land	and that I last saw hundive on	
h Name of husband or	Lula M Helle nex	Immediate cause of death	Duration
Name of husband of	0 1 11	Immediate cause of	
1/2	May 17 1881	vota	
Birth date of deceased in	Days If less than one day	0000	
AGE: Years Months	Days min	Due to	
58 6		( well	
83	alluis	Due to Low	2
Highniace	Town to Callilly Blill Cont.	7	
). Usual Occupation	Custodian.	Other Conditions	PHYSICIAN
a 1 - Introduced		VO Proof death	1)
Genn	ale Hellchen.	(Included on the control of the cont	t'ad rine th
12. Name Jylus		Major findings:  Of operations	cause to who
13 Birthplace	ma (	Of operations	harged stati
14 Maiden Name &	ant recon	HEREN THE RESERVE OF THE PARTY	ticully.
	mx	Of autopsy  22. If death was due to external causes, fill i	n the following:
15. Birthplace	de Hattahia	22. If death was due to external cases	
a Informant mu	Quela Hellehen	(a) Accident, suicide, or homicide	
b Address 33		b) Date of occurrence	
" Addition .	b Date thereof No 24	Where did injury occur? (City or town)	(County) (State
a Burnal, cremstion.	removal) (month) (day) (ye	hout home, on farm, if	idustrial place, in pub
			e at work?
(c) Cemetery or cren	Toulor ave	place? (Specify type of place)	1
Location	1108.	(e) Means of injury	med.
(a) Funeral director	The art of		M. D.
	1 2005 Vilearo	23. Signature	Brosigne
(b) Address	( ) I have been been been been been	Address 106	18 19
(Date receits serie	trer) Registra	100	

VS =

## CERTIFICATE OF DEATH

F 63157

		2. USUAL RESIDENCE OF DECEASED:
LACE OF DEATH:		
	16	(a) State (b) County
Baltimore City, Maryland Street address 2307	E North Que	
		c) City or town (If outside city or town limits, write RURAL and give town)
Jesenskin Sy.	Horstel	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
pressur pf.	a days.	Street No.
Length of stay in hospital or	inst. yrs., mos., or days 9 days.	years years
Length of stay in Baltimore	yrs, mos, or days	(e) If foreign born, how long in U. S. A.?
	00	Wash:
FULL NAME	Tearl	MEDICAL CERTIFICATION
) If veteran, name war	3 & Social Security Account	
II Veteran, imm	No.	
Sex 5 Color or race	6 (a) Single, married, widowed, or	- the date shove stated, that I attend-
Sex Color of tack	divorced	11-12 1037.10
ende wall	Orgale Mantin	and that I last saw her alive on
Name of hueband or wife	6 c If alive, give age O Oyents	L. Ristonne of death
	· Null 3 1903	Jung absens . 199
Birth date of deceased mo.	day, yr July 3. 1902	Brokeho sneymonia + 2 kay
AGE: Years Months	Days II less than one day	Due Sutelline Abstruction 3 day
37	/8 hr. min.	- 1 1 1 1 +1
N3	alterior	Due to Durdenal when perforated
Birthplace	Town, county, and state)	//
. Usual Occupation	T now	Other Conditions .
. Industry or business	1.00	PHYSICIAN
12. Name allest	os arger	Include pregnancy within 3 months of death)
	22.	Of operations perforation Antibered he to which
13 Birthplace	the house	beath should be thursed statis
14 Maiden Name		Of autopsylving obser presylving to theathy.
15 Birthplace	126 8	
(10.	martin	22. It death was due
a informant	du Mel	(a) Accident, suicide, or homicide
h Address 235.		(b) Date of occurrence
a Burnet (Iturial cremation, or rem	b Date thereof (month) (day) (year	(City or town) (County) (State)
	1 0 . 27	d. Did injury occur about home, on farm, industrial place, in publi
Cemetery or cremator	all Ma	place? (Specify type of place)
Location	ake lechich	
a Funeral director		(e) Means of injuty Working Will
b Address	JOS Mellettens	23. Signature
AV 22 1939	Muling of I had went.	Address Lunkha of Hory Date signed 1/24
6) I A day resistrar	Registrar	

	THE OR DESCRIPTION	
E OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
timore City, Maryland	(a) State hold (b) County	
1904 V 100000000	Fremelock	
epital or institution:	(c) City of town (If outside city or town points, write RURAL	and gire town)
V	190.46	~ gr
	Street No. of rural give scation)	
ngth of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
ngth of stay in Baltimore (yrs., mos., or days)	(v) II lotega value	
ULL NAME	athomas	
The state of the s	MEDICAL CERTIFICATION	140
veteran, name war 3 (c) Social Security Account	1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 -	. at /- 7 d M
No.	20. DATE OF DEATH  21. I certify that death occurred on the date above state	d; that lattend-
5 Color or race 6 (a) Single, married, widowed, or divorced.	1 1 1950, to VIU	7
note Till Trade	ed deceased from 1950, to Ville and that I last saw h evalive on 19	3.7.
Name of husband or wife vears		Duration
6 (c) If aliv, ive age years	Immediate cause of death	
th date of deceased (mo., day, yr.)		
E: Years Months Days It less than one day	Due to Climice yes unles	0.
hr. min.	Due to curve We can	-
date Dateman. het of	Done done Wethrel	1
thplace (Town, county, and state)		
Jeual Occupation	Other Conditions	
ndustry or business		PHYSICIAN
2. Named Problem   Serven	cinclude pregnancy within 3 months of death)	Underline t
Enni-Audi	Major findings: Of operations	cause to whi
3. Birthplace		death should charged stat
4. Maiden Name	Of autopsy	tically.
5. Birthplace	22. If death was due to external causes, fill in the	following:
(a) Informant Mu Seo C. List	(a) Accident, suicide, or homicide	United the state of the state o
(b) Address 190+ The	Date of occurrence	
The sale was the short war 1	Where did injury occur?	ounty) (State
(a) Burial, cremation, or removal	(d) Did injury occur about home, on farm, industria	
	While at W	ork?
Cemetery of tremator		
(c) Cemetery of grematory	(Specify type of place)	
Location My Arela are	(Specify type of piace)	100
Location (a) Funeral director (b)	(e) Means of injury	e cle
Location My Jacks	(e) Means of injury	elle M. D.

63159

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

F 63159

31 Registered No.

Mile divorced. Marild  A Name of husband or wife Devaluand  6 c If alive, give age  6 c If alive, give age  7 and 5 le 1873  AGE: Years Months Days If less than one day  10 15 hr. min.  Birthplace Baltimer Md.  10 Town, county, and state!  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. Birthplace  17. Due to  Other Conditions  The Conditions  Of autopsy  22. If death was due to external causes, fill in the following and properties.  (a) Informant M. M. D. Samman  (b) Accident, suicide, or homicide	
irrect address/503 (relington) and the compital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. DATE OF DEATH NOW 2 0 1939, at 14  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  26. D	
treet address 503 (relengted by the compiled or institution:  (c) City or town (If outside city or town limity, write RURAL and give the compiled or institution:  (d) Street No. 503 (regular of the compiled or inst. (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.?  FULL NAME   Social Security Account No.  (a) Single, married, widowed, or divorced. Named divorced. Named divorced. Named divorced. Named divorced. Named for life spive, give age years (for the compiled of the c	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs	A MAI PO À
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore  Length of stay in Baltimore  Length of stay in Baltimore  Length of stay in Account  No.  Length of stay in Length of State (widowed, or deal of the Length of Length of State (widowed, or deal of the Length of Le	towny
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore  Length of stay i	es
FULL NAME  Orsman  FULL NAME  Orsman  MEDICAL CERTIFICATION  3 (c) Social Security Account No.  20 DATE OF DEATH  20 1939, at 1  21. Icertify that death occurred on the date above stated; that Ited deceased from Market 1937, to Mar 20  Name of husband or wife Days  Orsman  MEDICAL CERTIFICATION  1939, at 1  20. DATE OF DEATH  21. Icertify that death occurred on the date above stated; that Ited deceased from Market 1937, to Mar 20  and that I last saw hit alive on Nor 20  Days  Orsman  Due to  Other Conditions  Usual Occupation  Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  Of autopsy  22. If death was due to external causes, fill in the following (a) Informant M M 2 Somman  (a) Informant M M 2 Somman  (a) Informant M M 2 Somman  (a) Accident, suicide, or homicide	
FULL NAME  FULL NAME  OF Social Security Account No.  S. Color of race  S. Color of race  Of Months  No.  Shirth date of deceased (mo., day, yr.)  Birthplace  Usual Occupation  Industry or business  I. Name  I. Name  I. Name  I. Name  I. Name  Of autopsy  I. Birthplace  I. Maiden Name  I. Maiden Name  I. Maiden Name  I. Informant M. M. J. Social Security Account No.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  1939, at 1  20. DATE OF DEATH  20. DATE OF DEATH  21. Icertify that death occurred on the date above stated; that It ed deceased from Manual 1937, to Mor 20  Industry of husband or wife  Of autopsy  Include pregnancy within a months of death  Consumer of the state of deceased from Major findings:  Of autopsy  Informant M. M. J. Social Security Account No.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  1939, at 1  20. DATE OF DEATH  21. Icertify that death occurred on the date above stated; that It ed deceased from Manual 1937, to Mor 20  Industry on Mor 20  Industry on Mor 20  Industry or business  Include pregnancy within a months of death  Accident, suicide, or homicide	years
FULL NAME  Avid  Social Security Account No.  15. Color or race  Social Security Account No.  16. (a) Single, married, widowed, or divorced. Married White  South date of deceased (mo., day, yt.) and 5 le 1873  GE: Years Months Days  Hess than one day  If less than one day  Louis Occupation  Industry or business  Louis Occupation  Loui	
MEDICAL CERTIFICATION	
MEDICAL CERTIFICATION	
5. Color of race of (a) Single, married, widowed, or divorced. Married. Married of Married. Married of Married. Married of Married. Married of Office of Married of Office of Married of Office of O	150
5. Color of race of (a) Single, married, widowed, or divorced. Married. Married of Married. Married of Married. Married of Married. Married of Office of Married of Office of Married of Office of O	/ M
White divorced. Married and that I last saw here and that I last saw he	attend-
Name of husband or wife    Surdinand   Color   Conditions	939.
Name of husband or wife 3 Months 6 1 If abve, give age years 6 1 If less than one day br. If less than one day b	
Sirth date of deceased (mo., day, yr.) and 5 Le 1873  AGE: Years Months Days If less than one day  Birthplace Baltimae Md.  (Town, cudity, and state)  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  (a) Informani MW H D Samuel  (a) Informani MW H D Samuel  (a) Accident, suicide, or homicide	
Birth date of deceased (mo., day, yr.) and 5 le 1873  AGE: Years Months Days If less than one day  br. min.  Birthplace Baltimal Md.  Usual Occupation  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. Informant M. H. D. Sosman  17. Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide	- 4
Birthplace    Saltimore Md.   Due to	nef
Birthplace    Saltimore Md.   Due to	que
Birthplace    Usual Occupation   Steer   Other Conditions     12. Name   Steer   Major findings: Of operations     14. Maiden Name   Is. Birthplace   Of autopsy     15. Birthplace   Of autopsy     16. Birthplace   Of autopsy     17. Birthplace   Of autopsy     18. Birthplace   Of autopsy     19. Birthplace   Of autopsy     19. Birthplace   Of autopsy     19. Birthplace   Of autopsy     19. Birthplace   Of autopsy     10. Birthplace   Of autopsy     11. Birthplace   Of autopsy     12. Birthplace   Of autopsy     13. Birthplace   Of autopsy     14. Accident, suicide, or homicide     15. Birthplace   Of autopsy     16. Birthplace   Of autopsy     17. Birthplace   Of autopsy     18. Birthplace   Of autopsy     19. Birthplace   O	
Usual Occupation Industry or business  12. Name 13. Birthplace  14. Maiden Name 15. Birthplace  (a) Informant W W & Sosman  (a) Informant W W & Sosman  (a) Informant W W & Sosman  (b) Industry or homicide  Due to  Other Conditions  Other Conditio	
Usual Occupation Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. Informant WW D Sosman  17. Industry or business  18. Include pregnancy within 3 months of death cause death cause death cause death charge ticall causes.  19. Informant WW D Sosman  19. Informant WW D Sosman  19. Include pregnancy within 3 months of death cause de	
Usual Occupation Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. Informant M. H. D. Sosman  17. Include pregnancy within a months of death)  18. Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide	
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. Birthplace 17. Descriptions 18. Birthplace 19. Descriptions 19. De	
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. Disconnection 17. Disconnection 18. Disconnection 19. Disconn	SICIAN
12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. Disconant  17. Name  Of operations  Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide	
13. Birthplace  14. Maiden Name  15. Birthplace  16. Birthplace  17. Disconnant  18. Maiden Name  Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide	erline th
14. Maiden Name  15. Birthplace  16. Birthplace  17. Birthplace  18. Maiden Name  19. District of autopsy  20. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide	to which
15. Birthplace  22. If death was due to external causes, fill in the following (a) Informant/WW & Someon (a) Accident, suicide, or homicide	ed stati
15. Birthplace  22. If death was due to external causes, fill in the following (a) Informant/ (a) Accident, suicide, or homicide	
(a) Informant/ W W & S S S S S S S S S S S S S S S S S	g:
(a) Informant/// (b) Date of occurrence	
Address 3/33 / Isuace Land A Date of occurrence	-
May 25 to 100 Date	
b Date thereof 100, as (County)	(State)
(Burial, elements, on larin, in lari	in pub
Cometery of crematory white at works	
(Specify type of place)	
Location William Vickney + Sono Means of injury / Courthers 1818	-
(a) Funeral director Cuttor Political And 23 Signature	M., D.
(b) Address Moch + 1 25. Signature Al The confidence of the signed of	1/20
Location  (a) Funeral director Villiam Dukness + Sons  (b) Address North + Resister Address   S2   N. Cattern full Date signed  (b) Address   S2   N. Cattern full Date signed	1-12
(Date rec'd by registrat)	

HEALTH DEPARTMENT—CITY OF BALTIMORE 63160 3160 CERTIFICATE OF DEATH Registered No..... (If death occurred in a hospital or hastitution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No Marcut Hope Driv long in U. S. If of foreign birth? yes, non de. If U. S. Veteran where death ocurred Langth of residence in city openity WAR 2. FULL NAME Jan (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, r Bisarced (write the word) I HEREBY CERTIFY, That I attended deceased frum L SEX noured Mall So. If married widowed, or divorced HI SRAND of (or) WIFE of to have occurred on the date stated above, at 2 10 A m. I last new been alive on The principal rause of death and related causes of Date of separ DATE OF BIRTH (month, day, year) If LESS than Months 1 day .\_\_ hra. T. AGE arterio sclerosi .min. 6 s. Trade, profession, or particular kind of work done, an apinner, ounyer, buokkeeper, etc ..... 5. Industry or business in which work was done, as oilk mill, 11. Total time (years) naw mill, bank, etc. 10. I inte de en sed last worked at this or upstion (month and occupation SHOP BIRTHPLACE telly or town) for what disease or injury? (State or country) Mossing at hurapay? No Name of operation What test confirmed diagnosis 23. If death was due to external causes (violence) fill in also the fol-14. BIRTUPLACE (city or town) (State or country ) Inte of Anjury lowing: Accident, sulcide, ce homiside? IS. MAIDEN NAME Specify whether labor occurred in industry, in home, or in public 16. BIRTHPLACE (city or when) Wate or gount ) } place

Lugiera Hegistrer,

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

INFORMANT

a. FILF D

III RIAL, CREMATION, OR REMOVAL

ENDIGITARIE /MM.

uncers wery



CER	TIFICATE OF BEATT
	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH: Baltimore City, Maryland	(a) State Md (b) County  (b) County  (c) City or town  (d) County  (e) City or town  (f) Cutside city or town limits, write RURAL and give town
Hospital or institutions Western Hospital  Hospital or institutions  Hospital or inst. (M. mo., or d.)	527 E. FON NOE
Length of stay in hospital or inst. (yr., mos., or days)	(e) If foreign born, how long in U.S.A.?
Length of stay in Dantimore	and the second s
FULL NAME Harry  (h) If veteran, name war  No. 705-00	MEDICAL CERTIFICATION  Security Account  20. DATE OF DEATH New 21  1939, at 544 M  20. DATE OF DEATH New 21  1939, at 544 M
5. Color or race 6 a Single, manue	d, without 2 19 39, to New 2 19 37, to New 2 19 37.
M W lings	and that I last saw h / // anve
(b) Name of husband or wife 6 (c) If alive, give to	P. J. many emilian
Birth date of deceased mo, day, yr agril & AGE: Years Months Days AGE: 47 7 hr.	Date of the service o
Parholace 14d	ates Due to
Usual Occupation Tender Repairm Industry or business B&O Railroad	Other Conditions Multiple small lung PHYSICIAN abscissos ataloctasis of lung PHYSICIAN Underline the
12 Name William F. Mila	Major findings: Contended Reput
13 Birthplace Md 14 Maiden Name Catherine Wh	heller wicer
or nothing 14/C	2) If death was due to external
(a) Informant Gladys Smith	1 at an ide of Don. City
Address 527 E. Political Date thereof	Nov. 24, 1939 b Date of occurrence  (month) (day) (year)  (b) Where did injury occur)  (c) Where did injury occur)  (c) Where did injury occur)
Cedar Hil	11 While at work?
Annapolis Blvd.  Leation Annapolis Blvd.  In Funeral director blaunce f	offmann Means of remer 198 (102 ness
(a) Funeral director Claurace 1	Means of wine Ste plean Ler Magnes M. D.  23. Signature Ste plean Ler M. D.  Address Unevenly Hosp. Date signed 11-21.
h Address L. L.	Waledistrict Address Muning of

V35 4

20 00 001711	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH: Baltimore City, Maryland	(a) State Linginia (b) County	
Street addiesa	(c) City or lown Reclaim write RURA	I, and give town
Mercy Itospolat		
1 1 for the breath of the vrs. mos. or days	If rural give location;	
Length of May in Baltimore yrs, mos., or days unknow	If foreign born, how long in U. S. A.?	years
FULL NAME FLVIIY LEE	MELTON	
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH homershap 20 1937	. nt /0 a_M
Sex 5 Color or race 6 (a) Single, married, widowed, or divorced fingle	above, held an Autopay or Inquiry) obtained by said autopay find that said	mains described om the evidence
h) Name of husband or wife 6 c) If alive, give age - years		
Birth date of deceased mo. day, yr May 26, 1908  AGE: Years Months Days lifes than one day	Immediate cause of death  Fructures, multiple	Duration
31 5 25 hr min Birthplace Reclamed Vac.	Due to	
. Usual Occupation Section	Due to	
12 North M. Melton	Other Condition	DUVICIAN.
13 Entiplace Storellamb Co. Va.	theladerrerens within 3 months of death	PHYSICIAN Underline th
14 Maiden Name fearl a. Moore	Of operations	a t wh
15. Birthplace Yvigunia		charged stati
(a) Informan Joseph M. Malton	22. It death was due to external causes, fill in the	following
Address Ridhmond Va.	Accident, smeide, or homeide acce	deal
Burial Date thereof 11-24.	Where did injury occur? Fall (	JH mes
Cemetery or crepriators	Where and minny occur about home, on farm, industri-	al place, in publ
(a) Funeral director trescrickal Og	place) public fle & While at w 18 Means of injury Hunch 3 to the 23. Signature J & Wedical Exami	cromy the
Address 200 W. Lousbard	23. Signature It & Walker	ner M.
(a) more of the sure of the su	Date signed hort 21, 1735	

CERTIFICATE	OF DEATH 108 Registered No.
PLACE OF DEATH: St. Agula Hospital Baltimore City, Maryland Street address 3442, Belau Rd. Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town (1f outside city or town limits write RURAL and give town) (d) Street No. 3 442. Belair Rrail (1f rural give location)
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
b) If veteran, name war    A   Social Security Account     No. 2/7 - 5/1/2	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVEMBER 2019 39, at 10 PM
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. MARRIED	21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 20 1937, to Nov. 20 1939, and that I last saw h 1 m alive on. Nov. 20 19 39.
Birth date of deceased (mo., day, yr.) 1-11-1893  AGE: Years Months Days If less than one day  hr. min.  Birthplace Balts La Md	Immediate cause of death  LOBAR  ALCOHOLISM  3 when
Usual Occupation Route + rename (10 Industry or business Behry  12. Name George a. Klein	Other Conditions  (Include pregnancy within 3 months of death)  PHYSICIAN
13. Birthplace Md.  14. Maiden Name May and Echneyer  24. 1	Of operations cause to which death should be charged statistically.
(a) Informant (b) Address  (a) Burial (b) Date thereof (Burial, cremation, or removal) (c) Cemetery or crematory  (d) Funeral director (b) Address  (a) Funeral director	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature.

9

## WOSS BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63164 95-B Registered No.

	t	
ACE OF DEATH: Saltimore City, Maryland Street address 2202 Book St	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County	
Tranklin D guare intop	(c) City or town Sulfact of RURAL and Street No. 2202 Board of the rural give location)	nd give town)
ength of stay in hospital or inst. yrs., mos., or days) 2 day.	(e) If foreign born, how long in U. S. A.)	years
FULL NAME margaret Von	MEDICAL CERTIFICATION	
If veteran, name war Social Security Account No.	20. DATE OF DEATH //- 2/ 1938. a	t & A M
5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; ed deceased from 11-19 19.31, to 11-21 and that I last saw h 42 alive on 11-21 19.31	/ 1934,
Name of husband or wife frank years 6 (c) If alive, give age years	Immediate cause of death Leardine Failur	Duration
GE: Years Months Days If less than one day  76  hr. min.	Due to Thypertensive cardio vascular	
Usual Occupation Housework at home of	Due to	
Industry or business	Other Conditions	PHYSICIAN
12. Name Balohear afrill 13. Birthplace . Germany 14. Maiden Name Katherine Bok	Of operations	Underline the cause to which leath should be charged statis- tically.
(a) Informand 12 w Routh B aprill	22. If death was due to external causes, fill in the followard (a) Accident, suicide, or homicide	owing:
(a) Borriar (b) Date thereof Nov 24/93 (Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (d) Did injury occur about home, on farm, industrial p	
Location 3501 Frederick ave Location William M Mareck	place? (Specify type of place) While at work	eu
10 Address 1939 by Huntington Milliams,	Address Paur lin & Mary Date sign	ed 1//2/



PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	a State Md. b County.
Street address 9+7 N Brookway	2 01 0
Hospital or in titution:	c) City or town  (If outside city or town limits, write RURAL and give town)
· ·	z 11 0 C \( \tau \)
the state of the s	d) Street No. 2418 E. Sactorount une.
Length of may in hospital or inst. (yrs., mos., or days)	
Length of stay in Baltimore yrs, mos, or days	(c) If foreign born, how long in U. S. A.?
a FULL NAME Charles & Cadell	
b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH MAN 21 19 1 Jat TA M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Mile white divorced Widowly	ed deceased from 7/11. 1 1934. to 117 2 1934.
1 112 11	and that I last saw he malive on Tirr. 20 19 39
h Name of husband or wife fauta V. Tarroy 6 (c) If alive, give age years	Immediate cause of death Duration
Birth date of decensed mo, day, yr March 20 1849	I to be anded Degeneration / who.
	7
11 6 1	Due to hearn is of age
90 8 hr. min.	
Birthplace Daltwood M. J.	Due to
Have Occupation I took I rack Oxfres	
. Unual Occupation Allered Fare 1661	Other Conditions 22278
	PHYSICIAN
12. Name Deapanla Franklin Cadell	(Include pregnancy within 3 menths of death)  Major findings:  Underline the
13. Birthplace Maryland	Of operations eause to which
14 Maiden Name Caraline Luell	death should be
20 - 1 - 1	Of autopsy tically.
200 11 120 . 1	22. If death was due to external causes, fill in the following:
a Informant Cella V. Dlack	(a) Accident, suicide, or hornicide
(b) Address 4 27 N. Doradioay	
a Desert 1 Date thereof / 18 194 37	(c) Where did injury occur?
(Burial cremation, or removal) (month) Iday (year)	d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory	(2/1.1)
Location 11 12 Sack	place? While at work? (Specify type of place)
a) Juneral director Chas as Iscour	(e) Means of injury
whileson 142 w / forth and.	23. Signature . / / form own M. D.
10 No 1000 Thuting or / musually	Address / 10 6 30 4 Date signed / 11 34
flate read by registrated Registrar	11 Andreas (
VS 3	

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183

#### CERTIFICATE OF DEATH

//-B Registered No.

CERTIFICATE		
LOT OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Baltimore City, Maryland	(a) State Mcl. (b) County	
dospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURA) (d) Street, No. 1617 E, Eagle (If rural give loggion)	L and give town
ength of stay in hospital or inst. (yrs., mos., or days)	d Street, No.  (If rural give locotion)	years
ength of stay in Baltimore (yrs., mos., or days)		0
FULL NAME P. I. I hitemen		
If veteran, name war    3   c   Social Security Account   No.	medical certification  20. Date of Death 200, 20 1930	9. at 4 pM
male Black divorced.	21. I certify that death occurred on the date above state ed deceased from Och 23 1939 to ho and that I last saw her alive on Nov. 201	J.201939.
Name of husband or wife		Duration
6 (c) If alive, give age years		J month
birth date of deceased mo, day, yr 10 - 4 38	Maningitis	
GE: Years Months Days If less than one day	Due to Influenza trailles	
Birthplace Md.	Due to	
Unual Occupation	Other Conditions	
1 Justiness		PHYSICIAN
12. Name Cato Whitener	(Include pregnancy within 3 months of death)	
13. Birthplace S.C.	Major findings: Of operations	I nderline the
110 Acta 11 /2 0 horas	/ Or operations	death should be
14. Maiden Name Stadys Walker	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	following:
a Informant Resords	(a) Accident, suicide, or homicide	
(b) Address	(a) Accident, suicide, or nonnetaction (b) Date of occurrence	
Burial eremation or removal) (month) (day) (year	Where did injury occur?	ounty) (State)
(c) Cemetery or crematory MY (along comme	(d) Did injury occur about home, on farm, industrie	ork?
Location a. a. Septe	place? While at w	
(a) Funeral director Dorwy	(e) Means of injury	~ =
1 Address 15-15-111- Electry of	23. Signature Sthe Hakken	M. D.
HOV 22 1820 Huntington Walnama	Address Battimes Date	

HEALTH DEPARTMENT-CITY OF BALTIMORE

HEALTH DEPARTME	W IN COACH
63167 CERTIFIC	TATE OF DEATH 82 F 63167 Registered No
PLACE OF DEATH	(If death occurred in
Y OF BALTIMORE: (No. 226 5 5	St. Wartl) give ltn NAME instend
th of residence in clayer town where death control year	mos. How long in U. S. 16 of foreign birth?
FULL NAME Jamus 11/9	specify water
(a) Residence: No. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. Color or Race 5. Single, Married, Wide or Divorced (write the	wed.   at DATE OF DEATH (month, day, year)
married, widewed, or divergil	- Mars 1 Constitution 36
RUSBAND of Pearl Mario	I last naw h walive on the date stated above, at OA m.
ATE OF BIRTH (month, day, year)  No. 11 LESS 1	The principal cause of death and related causes of importance were as follows:
1 day	
Frude professon, or particular the following the same of work done, as aptimer.	Clarty Central 17
y Industry or laudness in which done, as allk mill,	Other ematributory causes of important
saw mill, bank, etc.  11. Total time (years)  12. Total time (years)  13. Total time (years)  14. Spent in this  15. On tion (month and oncorpation	
HIRTHPLACE (city or town)	Was an operation performed?
(State or county)	For what disease or injury?
13. NAME TOURS TO SEE	What test confirmed dis 122 Bas there an autopay 10
14. BIRTHPLACE Jeity or town).	What test confirmed dia 23. If death was due to e ternal causes (volence) fill in also the following:  Accident, suicide, or homicide?  Date of injury
15. MAIDEN NAME Charge 7	Where did Injury occur?
16. BIRTHPLACE (city of town)	Specify whether injury occurred in Industry, in home, or in pub
INFORMANT BIST TO QUAL	Manner of injury
BURIAL, CREMATION, OR REMOVAL.	Nature of injury
Phoent auturer Date No	24. Was disease or injury in any way related to occupation of decease
INDERTAKER TO CON Brantley	(Street to Cally M.
11110 0 020+ twater little	with control control
NOT RE	0 1

### 63168°49-FS

# BALTIMORE CITY HEALTH DEPARTMENT 15 Registered No.



) () ( ( ) ( )	CLITTI		
		2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:		1/4	
Baltimore City, Maryland	A W. A.	(a) State	
Street address 4940 Res te		(c) City or town	and give town)
a la		(c) City or town (If outside city or town limits, write RURAI	, and give wan,
B 140. C10, 100	11818	(d) See No. 502 N. Gilmore St. (If rural give location)	
	73das	(d) Secondo. (If rural give location)	
Length of stay in hospital or inst. (yrs.,	10	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore yrs., mos.,	or days)	(e) if toreign born, now long in	
) FULL NAME Catherine	Baskerville	MEDICAL CERTIFICATION	
If veteran, name war 3 (c)	Social Security Account	20 DATE OF DEATH revenules 18 19 39	11 05 M
No.		20. DATE OF DEATH AVAILABLE 18 19 37	. at /
5. Color or race 6 (a) Sing	le, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
divorced.		16 1939, to 10	
Female Colored		and that I last saw here alive on war. 18 19	34 .
h Name of husband or wife			Datation
6 (c) If a	live, give age years	Antacute Bacterial Endo-cardition	4 months
Birth date of deceased mo., day, yr.	10-2-1920	A action 15 to 500	
March Dave	If less than one day		
AGE: Yearn Months 176	hr. min.	Due to.	12 100
20 20	Va		
Birthplace Lacrosse	nty, and state)	Due to	
	40	Other Conditions Rhumatic Heat Chisease	7 years.
Usual Occupation	U U	Other Conditions	name and a N
. Industry or business		(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Solono 3	uskerville	Major findings:	Underline t
13. Birthplace	Va.	Of operations	death should
Dette	inisc		charged stat
14. Maiden Name	Va.	Of autopay not dene	tically.
15. Birthplace		22. If death was due to external causes, fill in the	following:
200	nocorda	22. If death was due to externicide	
(4) 11110121111		(a) Accident, suicide, or homicide	
(b) Address	· 1/04 04-19	(b) Date of occurrence	
(a) Bural Clemna Date	thereof New (day) (year	(c) Where did injury occur? (City or town) (Co	ounty) (State
(Burial, cremation, or removal)	Na Na	(d) Did injury occur about home, on farm, industri	al place, in put
c Cemetery or cremator		While at w	rork?
Location	on Parte	(Specify type of prace)	
(a) Funeral director / oseph	4, agray	(e) Means of injury	-
Hogh Wour	Lefreelf.	23. Signature	M. D.
(b) Address (d)	I ( Hearing 1/1)	Salto Cety Hosp. Date	signed // /4-
(a) (b) mandar	Registrar	Address	

31 Recipt

Reciptored No. 169

CE OF DEATH:  altimore City, Manyland  reet address/ 50 4 W Jafayettle are  compital or institution:  compital or institut	3169	CERTIFICATE		r 00100
compilation interest address of 50 4 Works and state of deceased the or town pipelis, write RURAL and give town) oppilated or interestion:  (City or town Distribution:  (City or town) Distribution:  (City or town) Distribution:  (City or town) Distribution:  (City or town)  (County)  (City or town)  (County)  (City or town)  (City or town)  (City or town)  (County)  (City or town)  (County)  (City or town)  (County)  (City or town)  (County)  (City or town)			2. USUAL RESIDENCE OF DECEASED:	
c) City or town Baltimore copital or institution:  copital or instituti	ICE OF DEATH:	00	Maudad County	
compital or institution:  (c) City or lown any institution:  (d) Sirely file of stay in hospital or inst. (yrs., mos., or days)  (e) If foreign born, how long in U. S. A?  (ii) If foreign born, how long in U. S. A?  (iii) If foreign born, how lon	altimore City, Maryland	I'll alle any	(a) State 1	ne.
ength of stay in hospital or inst. (yts., mos., or days)  ength of stay in bespital or inst. (yts., mos., or days)  FULL NAME  FULL RAME  A Color or race  6 (a) Single, married, widowed, or diverges of the color of of the c	treet address 504 W	safayer are	(c) City or lown Jacum	nits write RURAL and give town)
sength of stay in hospital or inst. (yrs., mos., or days)  FULL NAME  FULL BL  S () Social Security Account  No.  S () Social Security Account  No.  Name of husband or wite Charles Williams  6 () It slive, give age 50 years  of () It slive, give age 50 years  of () It slive, give age 50 years  of the stay of husband or wite Charles Williams  for husband or wite Charles Williams  of () It slive, give age 50 years  of () It slive, give age 50 years  of the stay of the sta	lospital or institution:		(If outside city of town)	
ength of stay in hospital or inst. (yrs., mos., or days)  ength of stay in Baltimore  mos., or days)  FULL NAME  FULL NAME    Second   Sec			11 Street No. 1504 W. La	fair location)
FULL NAME    Full Color of race   Social Security Account   Social Security Accounts   Social Security Accounts	Laminia	inet (vrs., mos., or days)	1	[·]
FULL NAME  FULL & Social Security Account No.  3 (c) Social Security Account No.  3 (c) Social Security Account No.  4 S. Color or race 6 (a) Single, married, widowed, or divorced.  Social Security Account No.  No.  9 Joseph Joseph Joseph 19 Jose	ength of stay in nospital of	1 10	(e) If foreign born, how long in U. S	.A? age years
MEDICAL CRITICAL MEDICAL CRITICAL MEDICAL CRITICAL MEDICAL CRITICAL MEDICAL CRITICAL MEDICAL CRITICAL MANAGEMENT OF DEATH So. 1939, at 1 M. 20. DATE OF DEATH So. 1939, at 1 M. 21. Lertify that death opcurred to the date above spited, that lattended deceased from 19 medical deceased from 19 medic	ength of stay in Baltimore	mos., or days		
18 (c) Social Security Actions  No.  19	FULL NAME	orence Melle	MEDICAL CERT	IFICATION (
Name of husband or wife halls Nelliand  6 (c) If shive, give age 50 years  inth date of deceased mo., day, yr  GE: Years Months Days  His than one day  His	If seteran, name war	3 (c) Social Security Account	10/	
Name of husband or wife harles Williams  6 (c) If alive, give age 50 years  inth date of deceased (no., day, yr.)  GE: Years Months Days II for than one day  H & 3 25 hr. min.  Intholace I fow and Co. (Town, county, and state)  Usual Occupation  Industry or business  12 Name Ohn Barren  13 Birthalace Months Hole Hole Hole  14 Maiden Name Hole Hole Hole  15 Birthalace How and Co mod  16 Informath James Gones  (a) Informath James Gones  (b) Address 2 48 W W & i New yashing (month) (day) (year)  (b) Cemetery or cremation, or removal Mary Commonth (day)  (c) Cemetery or crematory Mary Commonth (day)  (d) Did injury occur? (City or town) (County) (State-liberial, cremation, or removal (Location House)  (e) Means of injury  23. Signature Mary Common Mary Common Mary Commonth (Day)  (b) Address  (c) Means of injury  23. Signature Mary Common	II vetermit,			
Name of husband or wife harles Williams  6 (c) If alive, give age 50 years  inth date of deceased (no., day, yr.)  GE: Years Months Days II for than one day  H & 3 25 hr. min.  Intholace I fow and Co. (Town, county, and state)  Usual Occupation  Industry or business  12 Name Ohn Barren  13 Birthalace Months Hole Hole Hole  14 Maiden Name Hole Hole Hole  15 Birthalace How and Co mod  16 Informath James Gones  (a) Informath James Gones  (b) Address 2 48 W W & i New yashing (month) (day) (year)  (b) Cemetery or cremation, or removal Mary Commonth (day)  (c) Cemetery or crematory Mary Commonth (day)  (d) Did injury occur? (City or town) (County) (State-liberial, cremation, or removal (Location House)  (e) Means of injury  23. Signature Mary Common Mary Common Mary Commonth (Day)  (b) Address  (c) Means of injury  23. Signature Mary Common	5. Color or race	6 (a) Single, married, widowed, or	21. I certify that death ocurred th	39 /10 20 1939
Name of husband or wite halls Milliams  6 (c) If alive, give age 50 years  inth date of deceased (mo., day, yr.)  GE: Years Months Days It is than one day  H	7 00 1	divorced.	ed deceased from	11-1-24
Name of husband or wild Advisor five age 50 years  6 (c) If alive, give age 50 years  10 If alive, give age 50 years  11 If alive, give age 50 years  12 If alive, give age 50 years  13 Inches If alive, give age 50 years  14 Inches If alive, give age 50 years  15 Inches If alive, give age 50 years  16 Inches If alive, give age 50 years  17 Inches If alive, give age 50 years  18 Inches If alive, give age 50 years  19 Inches If alive, give age 50 years  10 Inches If alive, give age 50 years  10 Inches If alive, give age 50 years  11 Inches If alive, give age 50 years  12 Inches If alive, give age 50 years  13 Inches If alive, give age 50 years  14 Inches If alive, give age 50 years  15 Inches If alive, give age 50 years  16 Inches If alive, give age 50 years  17 Inches If alive, give age 50 years  18 Inches If alive, give age 50 years  19 Inches If alive, give age 50 years  10 Inches If alive, give age 50 years  10 Inches If alive, give age 50 years  11 Inches If alive, give age 50 years  12 Inches If alive, give age 50 years  13 Inches If alive, give age 50 years  14 Inches If alive, give age 50 years  15 Inches If alive, give age 50 years  16 Inches If alive, give age 50 years  17 Inches If alive, give age 50 years  18 Inches If alive, give age 50 years  19 Inches If alive, give age 50 years  10 Inches If alive, give age 50 years  10 Inches If alive, give age 50 years  11 Inches If alive, give age 50 years  12 Inches If alive, give age 50 years  13 Inches If alive, give age 50 years  14 Inches If alive, give age 50 years  15 Inches If alive, give age 50 years  16 Inches If alive, give age 50 years  17 Inches If alive, give age 50 years  18 Inches If alive, give age 50 years  19 Inches If alive, give age 50 years  10 Inches If alive, give	1000	Charles Williams	and that I last saw h A live on	
GE: Years Months Days Hyster than one day  He will be the conditions Due to  Due to  Due to  Other Conditions  (Include pregnancy within 3 months of death)  Hoderine the cause to white death should be death	Name of husband or wife			Deration
Due to  Other Conditions.  Other		11 11 1001	Neftertenery &	10-
Due to  Other Conditions.  Other	irth date of deceased (mo.,	dny, yr. 1114 23,110	Bleal- Menals	120
Usual Occupation  Usual Occupation  Industry or business  12 Name John Brown  13 Birthness John Brown  14 Major findings:  Of operations  Of autopsy  15. Birthness John Brown  (Burnel Goness  (B) Address John Samue John  (B) Date thereof With 24 / 939  (Burnel Command)  (B) Date thereof With 24 / 939  (B) Cermetery or crematory Clarify Growth (day) (year)  (c) Cermetery or crematory Clarify Growth (day)  (d) Did injury occur?  (Especify type of place)  (e) Means of injury  23. Signature  (e) Means of injury  23. Signature  (f) Date signed	GE: Years Months	Days than one day	Due to	2
Usual Occupation Industry or business  12. Name of the grown of the gr	48 3 2	hr. min.	Date 10	3
Usual Occupation Industry or business  12 Name John Brown  13 Birtholas Grand Co Major findings:  14 Maiden Name of book Holland  15. Birtholase Howard Co Major findings:  (a) Information January John Co Major findings:  (b) Address 248 20 16 at New yorking (month) (day) (year) (Burial, cremation, or removal) (month) (day) (year) (a) Funeral director Community (month) (day) (year)  (b) Address  (c) Cernetery or crematory Coloning (Major findings)  (d) Did injury occur about home, on farm, industrial place, in publication of the control of t	Jourges	1. co and	Due to	5
Include pregnancy within 3 months of death)  Whajor findings:  Of operations  Of autopsy  14. Maiden Name of black Holland  15. Birthplace From and Co mod  (a) Informate Farmie former  (b) Address 248 2V VS & X Sew years (month) (day) (year)  (b) Date thereof With 24 1939  (c) Cemetery or crematory Mary (year)  Location Function  (a) Funeral director  (b) Address  (b) Address  (c) Cemetery or crematory Mary (year)  (d) Did injury occur about home, on farm, industrial place, in publication of the place of place)  (e) Means of injury  23. Signature  (Date signed	Sinthplace File	(Town, county, and state)	Due to	
Include pregnancy within 3 months of death)  Whajor findings:  Of operations  Of autopsy  14. Maiden Name of black Holland  15. Birthplace From and Co mod  (a) Informate Farmie former  (b) Address 248 2V VS & X Sew years (month) (day) (year)  (b) Date thereof With 24 1939  (c) Cemetery or crematory Mary (year)  Location Function  (a) Funeral director  (b) Address  (b) Address  (c) Cemetery or crematory Mary (year)  (d) Did injury occur about home, on farm, industrial place, in publication of the place of place)  (e) Means of injury  23. Signature  (Date signed	Usual Occupation Am	new ork	O.L. Conditions	
(Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  14. Maiden Name V bear Solland  15. Birthplace Solland  (a) Informan Januar former (b) Address 2 48 2V (a) at New yanking (b) Address 2 48 2V (a) at New yanking (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (Burial, cremation, or removal) (c) Cemetery or crematory Change gund (d) Did injury occur about home, on farm, industrial place, in publication  (a) Funeral director (b) Address  (c) Means of injury  23. Signature  (d) Date signat				PHYSICIAN
Major findings:  Of operations  Of autopsy  14. Maiden Name of both Holland  15. Birthplace Howard Co mnd  16. Birthplace Howard Co mnd  16. Address 248 2V Me at New yorking  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (c) Cemetery or crematory Clauge gnd  (d) Did injury occur about home, on farm, industrial place, in public place?  (a) Funeral director  (b) Address  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature.  23. Signature.  (a) Date igned	11.8	Brown	(Include pregnancy within 3 mg	nths of death)
14. Maiden Name of beach Solland  15. Birthplace Standard Co mod  16) Address 248 W W & W. Markey (month) (day) (year)  16) Cemetery or crematory Clauge (month) (day) (year)  17) Address of injury occur about home, on farm, industrial place, in public place?  (a) Funeral director (b) Address (c) Means of injury occur about home, on farm, industrial place, in public place?  (b) Means of injury occur about home, on farm, industrial place, in public place?  (c) Means of injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature (c) Date signed	11 120	By Dead		cause to which
14. Maiden Name V Folde  15. Birthplace Floward Co mod  (a) Informate Farmer formes  (b) Address 248 2V Me is New yearled  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur?  (d) Did injury occur about home, on farm, industrial place, in pub  (e) Means of injury  (f) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date signed	13. Birthplace	nary comme	Of operations	death should b
15. Birthplace forward of mode (a) Informate former	Ref	ead Holland	The state of the s	
(a) Information Tarrice General Street General Street General County (City or town) (County) (State)  (b) Date thereof Nett. 24 1939  (c) Cemetery or crematory Clarge General County (Specify type of place)  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature	1/	and co and	Of autopsy	
(a) Information Tarrice General Street General Street General County (City or town) (County) (State)  (b) Date thereof Nett. 24 1939  (c) Cemetery or crematory Clarge General County (Specify type of place)  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature	1	and Co min	22. If death was due to external c	auses, till in the following.
(b) Address 248 20 10 20 New 1499  (a) Burnel (b) Date thereof (month) (day) (year)  (b) Cemetery or crematory Clauge 9111  (c) Cemetery or crematory Clauge 9111  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  (g) Means of injury  (h) Date of occurrence  (City or town) (County) (State)  (in) Did injury occur about home, on farm, industrial place, in public place?  (in) Date of occurrence  (in) Date of occurrence  (in) Where did injury occur?  (in) Did injury occur about home, on farm, industrial place, in public place?  (in) Did injury occur?  (in) Did injury occur about home, on farm, industrial place, in public place?  (in) Did injury occur about home, on farm, industrial place, in public place?  (in) Did injury occur?  (in)	(a) Informan Janne	- yours	. I a staide or homicide	
(b) Date thereof VIII. 24 1939 (Burial, cremation, or removal) (c) Cemetery or crematory (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury (f) Means of injury (g) Means of injury (g		Me a New yorke	(b) Date of occurrence	
(Burial, cremation, or removal)  (c) Cemetery or crematory Clauge guest  Location Howard Company  (a) Funeral director Count C	00	(b) Date thereof Note 24 19	Where did injury occur?	ty or town) (County) (State)
(c) Cemetery or crematory  Location  Location  Location  A Company  (Specify type of place)  (Beans of injury  (Beans of	(Burial, cremation, or rem		Dilining secur about home.	on farm, industrial place, in publ
Location Funeral County (Specify type of place)  (a) Funeral director County (e) Means of injury (23. Signature 23. Signature 23. Date signed		clauge gm		While at work?
(a) Funeral director Court of Means of injury (b) Means of injury 23, Signature 23, Signature Date signed	Lenins	ed ca ma	place? Specify type of place	
(a) Funeral director  (b) Address 4 9 1		seph a. Lively		6104
(b) Address 4 M M Cura Ball D. Signature Date signed	(a) Funeral director	11.15/		M.D.
Registrat Address	(b) Address 4 1	My cury will	1 water	_ Date signed
	IN PER ACTUAL OF	/ Yalle alle My Registrar	Address	

92 Registered No. 170

CERTIFICATIO	<b>★</b>	
LACE OF DEATH: Baltimore City, Maryland Street address 10 37 W Fombard St. Hospital or institution: Length of stay in hospital or inst. yrs, mos, or days	2. USUAL RESIDENCE OF DECEASED:  (a) State Mary and County  (c) City or town Baltimore (If out ide city or town lights write RURAL (If rural give location)	L and give town)
Length of stay in Baltimore (yrs., mos., or days) Tiple	If foreign born, how long in U. S. A.?	1
FULL NAME BARBARA GER  J (c) Social Security Account  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH hovember 20 th 19 35	, at // 30 M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced married	21. IHEREBY CERTIFY, That book charge of the retabove, held an surface thereon and from the retable the retable the retable to the retable the retable the retable to the retable the retable the retable to the retable	m the evidence
Name of husband or wife Ired Herk  6 cilf alive, give age years	obtained by said (Autopayer Inques)  to her death on the day stated above.	deceased cume
Birth date of deceased mo, day, yr 10 23 1894  AGE: Years Months Days If less than one day	Immediate cause of death  Cardyan dyshvae.	Duration 30 yrs
Birthplace Baltimore M.S.	Due to Shiphthena ??)	son
Industry or business at /7 orue	Due to	
12 Name John Lohring Ohio	duclade programmy within 3 months of death)	PHYSICIAN
14 Maiden Name Elizabeth Schlereth  15. Birthplace Germany	Major findings:  Of operations	Und r ine the calle to which death should be charge I state.
Interment John Lowing (Filler) MAddress 1037 W Lombard St	Of autopsy  22. If death was due to external causes, fill in the	following:
Durial Date thereof Wov. 24/30 (month) (day) (year	(b) Date of occurrence	
Location religions of their al	(d) Did injury occurabout home, on farm, industrie	unry) (State al place, in public ork?
(a) Funeral director & feet reclev (1)  (b) Address 40 3 and will olpe for	(6) Means of injury  23 Signature ) J Wallenwe	ler_M.D
of the Millians No.	Date signed hor 21 1,19) &	ner

#### 63171

#### CERTIFICATE OF DEATH

3/ Registered No.3171

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	a) State / (Lumb) County	
Street address 3901/1 ( Morles 01	Ca -t-	
Hospital or institution:	(c) City or town County or town limits, write RURAI	and give town)
	M Street Not 3901 / Charles	15
Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 390/ / . Mortes P. If rural give location)	
1.10	(e) If foreign born, how long in U.S.A.)	years
Length of stay in Baltimore (yrs., mos., or days)	1 (a) It foreign both, now long in overver	
FULL NAME FRANCISCO TO Chesen	nann	
If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	4.4
No. hope	20. DATE OF DEATH 180 21 1939	. at 4 / M
Sex 5. Color or tace 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
are Into divorced usual	ad deceased from Mr. / 19 . where.	7/ 1957.
Name of husband or wife will Musermone	and that I last saw here alive on 1130 R 19	39.
6 (c) If alive, give age 6 2 years	to walk to some of death	Duration
Birth date of deceased mo. day, yr. Jeft 20. 1871	coule My o cardetis	says
AGE: Years Months Days If less than one day		
48 2 / hrmin.	Due to astero se Persei	110-
TO Hand Mary	Styperturion. house	years
Birthplace (Town, county, and state)	Duero Summilellar Molintes	
Usual Occupation went ( usenes )		
Industry or business	Other Conditions	
12. Name to 40 such Luse mono	(Include prognancy within 3 months of death)	PHYSICIAN
13. Birthplace Jermony.	Major findings:	Underline the
	Of operations	death should be
14. Maiden Name		charged statis-
15. Birthplace	Of autopsy	tically.
(a) Informaticula & Juse Inam	22. If death was due to external causes, fill in the fo	ollowing:
1.) Address 29011 Torus 45	(a) Accident, suicide, or homicide	
and und (b) Date thereof 1/24/34 (year)	(b) Date of occurrence	
(Buries Crementon, or removed	(c) Where did injury occur? (Court) (Court)	
(c) Cemetery or crematory Myon and	(d) Did injury occur about home, on farm, industrial	
Location July 1800	place? While at wor	k?
(a) Funeral director Huston Con	(e) Means of infoyy	
1219 of Face of F	23. Signature Palln Thorse	12
NOV 22 1030 the time ton Williams M	to Hall Stelling Sout	M. V
(Date red by registrar) Registrar	Address TOIL WILLIAM STODALE RIG	1 29

117 Registered No.3172

interior City, Maryland  reet address Murrod & Guerre Me  cospital or institution:  **Murroully Freshlad**  ength of stay in hospital or inst. (yes, moa, or days)  onth of stay in Bakimage, yes, moa, or days)  of EHI MANN  for the Manne of the Maryland  for the Ma	The second secon	2. USUAL RESIDENCE OF DECEASED:	
rect address Illustrated of Melling Street address Illustrated Ill	ACE OF DEATH:	201 12 12 17	1
Medical Street No. 12 process (1 provided 1)  Street No. 12 process (1 provided 1)  (1 provided No. 1)  Street No. 12 process (1 provided 1)  Street No. 12 process (1 provided 1)  MEDICAL CERTIFICATION  So. 12 provided 1)  MEDICAL CERTIFICATION  No. 12 provided 1)  MEDICAL CERTIFICATION  19 provided 1)  MEDICAL CERTIFICATION  20. DATE OF DEATH (processed 2) process (1 provided 1)  Street No. 12 process (1 provided 1)  Name of bushand or wife	Baltimore City, Maryland	(a) State (b) County 1 de la contraction (b)	7
Medical Street No. 12 process (1 provided 1)  Street No. 12 process (1 provided 1)  (1 provided No. 1)  Street No. 12 process (1 provided 1)  Street No. 12 process (1 provided 1)  MEDICAL CERTIFICATION  So. 12 provided 1)  MEDICAL CERTIFICATION  No. 12 provided 1)  MEDICAL CERTIFICATION  19 provided 1)  MEDICAL CERTIFICATION  20. DATE OF DEATH (processed 2) process (1 provided 1)  Street No. 12 process (1 provided 1)  Name of bushand or wife	treet address Selvood & Green sis	(c) City of town Sural, - Cotonsviles	el
much of stay in bospital or inst. (yrs., mos., or days) 27degod  much of stay in Baltimore (yrs., mos., or days) 37degod  much of stay in Baltimore (yrs., mos., or days) 47degod  for EHLM ANN  If Volegan, name war  No.  Social Security Account  No.  Social Security Account  No.  20. DATE OF DEATH Torrend 2 19.37, at 15.59  21. Icertify that death occurred on the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended the control of the date above stated; that I attended to the date above stated; that I attended th	lospital or institution:	The state of the s	and give town
FULL NAME  FULL NAME  Social Security Account No.  Social Security No.  Social Security No.  Social Sec	University institute	Street No. 1.2 French Rure (If rural give location)	
FULL NAME  FULL NAME  Social Security Account No.  Social Security No.  Social Security No.  Social Sec	ength of stay in hospital or inst. (yrs., mos., or days)	la l	years
MEDICAL CERTIFICATION  18 Color or race  18 Color or race  19 Color or race  10 Colo	1 ( Relamore via mos., or days)	(e) If foreign born, how long in O. S. Asr	
20. DATE OF DEATH Torumber 2 19.39, at 35M.  No. ACTUAL  No. ACTUA	- 10EHLM/71/11		
20. DATE OF DEATH Torumber 2 19.39, at 35M.  No. ACTUAL  No. ACTUA	FULL HAME. Joeklman, Jedward.	MEDICAL CERTIFICATION	
21. Icertify that death occurred on the date above etated; that latter divorced.  Name of husband or wife   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of husband or wife   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of include programs within a userboor of death when death should   Najor findings:   Of operations   Name of include programs within a userboor of death)   Najor findings:   Of operations   Name of included programs within a userboor of death)   Najor findings:   Of operations   Name of included programs within a userboor of death)   Najor findings:   Of operations   Name of included programs within a userboor of death)   Najor findings:   Of operations   Name of included programs within a userboor of death)   Najor findings:   Of operations   Name of included programs within a userboor of death)   Najor findings:   Of operations   Name of included programs within a userboor of death)   Najor findings:   Of operations   Name of included pr	3 (c Social Security Account	MEDICAL CENTRAL 10 20	1/ 33A M
Name of husband or wife  Name of husband or wi	Mo. No.	20. DATE OF DEATH Lower 1907	, at , , , , , , , , , , , , , , , , , ,
Name of husband or wife The Living Williams of College of Locality and that I last waw h, malive on the 2 19, 37.  Name of husband or wife The Living Williams of College of Locality Coll	5. Color or race 6 (a) Single, married, widowed, o	21. I certify that death occurred on the date above state	d; that lattend-
Name of husband or wife 1 live will will be allowed to date of deceased (mo., day, yr.)  R: Years Months Days If less than one day hr. min.  Athylace Calous will will be allowed to external causes of death.  Due to Cardiest Received Another Conditions of the Condi	divorced.	ad deceased from 10- 20 19.27, to 11-0	190%
The date of deceased mo, day, yr.)  It was been been been been been been been bee	The Truly Preblement	and that I last saw h , malive on 11-d1	., / .
The date of deceased mo, day, yr.)  It I less than one day  Interplace Calourus III less than one day  Interplace Calourus III less than one day  Interplace Calourus III less than one day  Due to Cardieal December and the confirmant of the conditions of the condit	Name of husband of wife 6 c) If alive, give age 6 5 year	Thim to the terms of the terms	1
Due to Cardieal December and the following:    Physicial remarks of the part o		esterna	621.076.0
hr. min  Thiplace Calous All Mainter Company and state)  Due to Section Section of the Company o	If less than one day	Q Q -11	
Due to Prolection States (Town, gown), and days)  Dead Occupation States (Solice Richer, and days)  2. Name for the solice of the solice of places of the solice of death)  3. Birthplace  (a) Informant Plan annie Brain Catassilli  (b) Address (Solice Richer)  (c) Cemetery or cremation or anniest)  (d) Date of occurrence  (e) Where did injury occurs (City or town) (Counts) (Solice)  (d) Did injury occurs about home, on farm, industrial place, in purples of function of the solice of the sol	(CE: 18m)	a Due to Cardior Necomprometin	
Date the remaining of the properties of the prop		- //	15 days
Other Conditions of the Conditions of death)  2. Name surface Grapher and Major findings:  3. Birthplace  4. Maiden Name Fruit Grapher and Major findings:  6. Birthplace  6. Informant May Grapher (major findings)  7. Location Major findings:  6. Address Grapher and Cadasarilly (major findings)  7. Location Major findings:  6. Orautopsy  22. If death was due to external causes, fill in the followings (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in page of findings (specify type of place)  (e) Means of injury (Specify type of place)  (f) Means of injury (specify type of place)  (g) Means of injury (specify type of place)  (h) Address (h) Date signed Ma. D. Address (h) Date signed Ma. D. Date signed Major findings:  (h) Address (h) Major findings:  (h) Country (major findings)  (h) Address (h) Major findings:  (h) Address (h) Major findings:  (h) Address (h) Major findings:  (h) Country (major findings)  (h) Address (h) Major findings:  (h) Country (major findings)  (h) Date of occurrence  (c) Where did injury occur)  (d) Did injury occur about home, on farm, industrial place, in page of place)  (e) Means of injury (major findings)  (f) Major findings:  (h) Address (h) Major findings:  (h) Address (h) Major findings:  (l) Major findings:  (	bithplace Calousille (town county, and state)	Due to Delevier Gaeles interestina	1
2. Name  2. Name  3. Birthplace  4. Maiden Name Armie  4. Maiden Name Armie  4. Maiden Name Armie  5. Birthplace  6. Informant  6. Address  6. Date thereof V. 2 4, 1933  6. Cemetery or crematory  6. Cemetery or crematory  6. Cemetery or crematory  6. Address  6. Address  6. Specify type of place  7. Major findings:  6. O'autopsy  22. If death was due to external causes, fill in the following:  6. O'autopsy  22. If death was due to external causes, fill in the following:  6. Date of occurrence  6. Where did injury occur)  6. O'autopsy  22. If death was due to external causes, fill in the following:  6. Date of occurrence  6. Where did injury occur)  7. City or town)  8. Signature  8. Signature  9. Means of injury  23. Signature  Address  Date signed  10. County  11. Date signed  10. Da	Hand Occumation Activity Colin Rient 9	following withrentinon grown	-
2. Name  3. Birthplace  4. Maiden Name Armid  6. Birthplace  (a) Informant  (b) Address  (c) Cemetery or compators  (a) Funeral director  (b) Address  (b) Address  (c) Means of injury  (c) Means of injury  (c) Means of injury  (d) Date signed  (d) Date signed  (e) Means of injury  (figure of death)  (inderline and death)  (inderline and death)  (inderline and death)  (inderline and to with death should charged estimate to with the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur)  (d) Did injury occur about home, on farm, industrial place, in purple of place)  (e) Means of injury  (figure of place)  (g) Means of injury  (h) Address  (h) Date signed  (h) Date sig	Industry of business Butte	Other Conditions de true Region .	nuvelel N
Major findings:  Of operations Chronic Cepture as we done the sold strength of the following:  Of operations Chronic Cepture Cepture as we to death should hard strength of the following:  Of operations Chronic Cepture Cepture as we done to external causes, fill in the following:  Of operations Chronic Cepture	1/////	(Inchede pregently within 3 months of death)	
15. Birthplace  (a) Informant  (b) Address  (c) Cemetery or crematory  (d) Funeral director  (a) Funeral director  (b) Address  (c) Means of injury  (d) Date signed  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date signed  (h) Date signed  (h) Date signed  (h) Date signed  (h) Date of occurrence  (h) Did injury occur)  (h) Did injury occur about home, on farm, industrial place, in purple of place)  (h) Means of injury  (h) Means of injury  (h) Date signed  (h) Date signed	12. Name Lugius Chamber		t no rive th
15. Birthplace  (a) Informant  (b) Address  (c) Cemetery or exemators  (d) Funeral director  (a) Funeral director  (b) Address  (c) Cemetery or exemators  (d) Date thereof by 72 4, 1939  (e) Cemetery or exemators  (f) Date of occurrence  (g) Where did injury occur?  (g) Where did injury occur?  (g) Did injury occur about home, on farm, industrial place, in purplace?  (g) Means of injury  (h) Address  (h) Date signed MO  (h) Date signed MO  (h) Date signed MO  (h) Date signed MO  (h) Address  (h) Date signed MO  (h) Address  (h) Date signed MO  (h) Date si	13 Birthplace	1 - 0	death should b
22. If death was due to external causes, fill in the following:  (a) Informant  (b) Address  (c) Cemetery or compared occulons bear  (a) Funeral director  (b) Date thereof occurrence  (c) Cemetery or compared occulons bear  (d) Did injury occur about home, on farm, industrial place, in purple of place)  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Means of injury	14 Marden Name Souried	Sedorne e detatre floor	harg d statis
(a) Accident, suicide, or homicide  (b) Address  (c) Cemetery or crematory  (d) Did injury occur)  (e) Cemetery or crematory  (f) County (county)  (g) Cemetery or crematory  (g) Did injury occur about home, on farm, industrial place, in purple of place)  (g) Means of injury  (g)		Of autopsy	
(a) Accident, suicide, or homicide  (b) Address  (c) Cemetery or crematory  (d) Did injury occur)  (e) Cemetery or crematory  (f) County (county)  (g) Cemetery or crematory  (g) Did injury occur about home, on farm, industrial place, in purple of place)  (g) Means of injury  (g)	15. Birthplace	22. If death was due to external causes, fill in the fi	ollowing
(a) Funeral director  (b) Address  (c) Where did injury occur)  (c) Where did injury occur)  (c) Where did injury occur)  (d) Did injury occur about home, on farm, industrial place, in purple of place)  (e) Means of injury  (fity or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) While at work?  (Sounty)  (City or town)  (County)  (City or town)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (City or town)  (City or town)  (County)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (City or town)  (County)  (City or town)  (County)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or to	a Informant Topul arene ( services)	a the mode of homeside	
(a) Funeral director  (b) Address  (c) Where did injury occur)  (c) Where did injury occur)  (c) Where did injury occur)  (d) Did injury occur about home, on farm, industrial place, in purple of place)  (e) Means of injury  (fity or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) While at work?  (Sounty)  (City or town)  (County)  (City or town)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (County)  (County)  (Sounty)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (City or town)  (City or town)  (County)  (Sounty)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or town)  (City or town)  (County)  (City or town)  (County)  (Sounty)  (Sounty)  (A) Did injury occur)  (B) Means of injury  (City or town)  (City or to	16 Address Charut Vivil Cadronill	(b) Date of accurrence	
Location Location Sactors  (a) Funeral director Sactors  (b) Address  (c) Means of injust 3. Brush 4. Brush 3. Brush 3. Brush 3. Brush 3. Brush 4.	Date thereofter, 47, 14	(c) Where did injury occur?	inty) (State)
Location Castoro Sous  (a) Funeral director Castoro Sous  (b) Address Signature  (c) Means of injury  (d) Brown 3. Brown 3. Brown 3. Brown M. D.  (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Address Manuel M. D.  (g) Means of injury  (h) Address Manuel M. D.  (g) Means of injury  (h) Address Manuel M. D.  (h) Address M. D.  (h) Address M. D.  (h) Means of injury	The I wall the	While at wo	ork?
(a) Funeral director Castoro Does  (b) Address Grant Colling to Villians, M. D.  (c) Means of injury 3. Browns J.  (d) Means of injury 3. Browns J.  (e) Means of injury 3. Browns J.  (f) Address M. D.  (g) Address M. D.  (h) Address M. D.  (	1 min succession	place? (Specify type of place)	
Address Date signed MO	Ca VA NOUS		
Add 22 1939 6 Huntington Villiams, M. Address Unwinty Hopeta Date signed 100	Endel a DE I Some	as si was 1. Wound	a.M. D.
	1 Addres 1939 Huntington Williams,	M. I I was the Mountal Date si	igned No d
	(Date ree d by registrar) Registrar	) 0	



3173 CERTIFICATE	OF DEATH	31/20
M) 110	2. USUAL RESIDENCE OF DECEASED:	
altimore City, Maryland  Locat address N. Galvert	(a) State Md (b) County	
treet address	(c) City or town 13 altruore (lf outside city or town limits, write RURAL	and give town)
ength of stay in hospital or inst. (yrs., mos., or days)	Md) Strar No. 603 franklin	<i>₹</i> 7 .
Reltimore VIS., Mos., of days,	(e) If foreign born, how long in U. S. A.?	years
FULL NAME gacor Onco	MEDICAL CERTIFICATION	
If veteran, name was No. Uniform.	1939	at 825 AM
ex 1 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from 1 - 17 1937, to 11- ed deceased from 1 - 17 1937, to 11- ed deceased from 1 - 17 1937, to 11-	
Name of husband or wife 6 c If alive, give age years	and that I last saw h 1 m alive on	Duration 4 mos
hirth date of deceased mo., day, yr.)  18 99.	compensation	
GE: Years Months Days Irless than one day  hr. min  min	Due to Pulmonary  Due to Colorie Bronelutes	3
Birthplace (Town, county, and state)	Other Conditions Brovelis Premione	a
Usual Occupation Industry or husiness	Other Conditions 1970 within 3 months of death)	T III TOTO
12. Name Harris Sklar Russia  13. Birthplace	Major findings: Of operations	Underline to cause to which
13. Birthplace  14. Maiden Name Rose  Pussia,	a pt Heart failure	harged atat
15. Birthplace	22. If death was due to external causes, fill in the	following:
(a) Informant ) MA & OUCH Wholington D.  (b) Address 920 - 9 F St. KW Wholington D.  (b) Date thereof Nov. 13 ].	(b) Date of occurrence  (b) Where did injury occur?	ounty) (State
(Burial, cremation, or remove Blue Shalom and	Mile at w	ial place, in pub
Cemetery of genatory mell st	place? (Specify type of place)  (e) Means of injury	Dia
(a) Funeral director for w. Morth ave	23. Signature	signed W- 2
(Date rec'd by registrar)	Address Harry The Address	

## BALTIMORE CITY HEALTH DEPARTMENT / Registered No. CERTIFICATE OF DEATH / 82 Registered No. 1 63174

3174	CERTIFICATE	).) 1 7 ± 8
) [ ( '7	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Baltimore City, Maryland Street address 2004 Live Hospital or institution:	D Street No. 2004 Durand W	RAL and give town)
Length of stay in hospital or inst. (yrs., Length of stay in Baltimore (yrs., mos.,	or days	year•
FULL NAME  Sex 5. Color or race 6 a Sin divorced months of humband or wife farme fill of the life of deceased months, day, yr	Social Security Account  Social Security Account  20. DATE OF DEATH November 20, 19  21. I certify that death occurred on the date above ed deceased from 100 / 9 / 10 / 9, to did and that I last saw her alive on 100 / 70 / 6  alive, give age 76 years  Immediate cause of death	auted, that lattend- les vot 19 9.
AGE: Yenin Montils	Due to  Other Conditions  Include programmy within 3 months of death  Major findings:  Of operations	PHYSICIAN
15. Birthplace Informant Imme w  15. Address 2004 Fire	22. If death was due to external causes, No arel true.  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, in place?  (Specify type of place)  (e) Means of injury, of the contraction of the	County (State

## CERTIFICATE OF DEATH & Register N. 63175

()()(()		AT PROPICED	
ACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
		a State mel (b) County	
Street address 5/03 French	ce lux.		
Street address O		(c) City or town Ballemore. If outside city or town limits, write RURAL	and give town)
lospital or institution:		V = 1 2 3 4 8.00 Ces	ver
		Street No. 5103 Granhelf Te	
length of stay in liospital or inst. yrs., mos.,	or days	And the second s	years
ength of stay in Baltimore yes, mos., or da	IN Stafe	(a) If foreign born, how long in U. S. A.?	
Length of way in Daniel		e .	
FULL NAME William	m. mu	MEDICAL CERTIFICATION	
2 / Sucre	1 Security Account	MEDICAL CERTIFICATION	12 05 14
No.2/8	-10-5255	20. DATE OF DEATH MOV 3 2, 1939.	at/2 or ivi
- C. Single D	arried, widowed, or		I: that lattenu-
divorced.		1 1- 19 19 19 19 19 19 19 19 19 10 11 10 11 11 11 11 11 11 11 11 11 11	DE 1727.
all when many	mu she		39 .
Name of husband or wife Years M	j. 11/20 - 5		Duration
0 1 11 611 4		DIL A DO NO SEA SEA BARA	136 tro
Birth date of deceased mo, day, yr ma	uh 39, 1880	Left Cerebral Hemorrhage	
AGE: Years Months Days	34 (1101)	Due to arterio-Sclerosia	
59 7 23	hi min.	Due to William 1	
	e.		
Birthplace may land	distate)	Due to	
Usual Occupation	0	al C William	
I dues or husiness		Other Conditions	PHYSICIAN
12 Name Wm. I. mu	rohy.	eluclude programmy within 3 month of death	
		Major findings:	toder to the
		Of operations	death should be
14 Maiden Name Marry 6. C	ill.		tirally
15. Birthplace of my		Of autopsy	
15. Birthplace	nushy.	22. If death was due to external causes, fill in the fo	ollowing:
15. Birthplace m. M. M. Informant State m. M.	any of	(a) Accident, suicide, or homicide	
1 Aldrew 5103 Treenhe	y are	1) 1) Localizable	
a Burnal b Date there	of mor 23/1	Where did injury occur?	inty) (State)
The second secon	( Mile Bleat Car )		place, in publi
nt bu	my com	While at wo	rk?
Location 13 alto 60 1	n4.	(Specify type of place)	
Location of him on all	4 4 Donova		
funeral director Cylind St.	mut teve	23. Signature 27 W 40 th Date at	M D
Address J 6 13 17 6 1000		LID WILLATE DOWN	wned 11/27 b
W + 26 12 0 1 mitigate	The Williams M.	Address 61 1V 70	1-43
(Pate red d by registrar)		•	

## BALTIMORE CITY HEALTH DEPARTMENT 94 3 Registered No. CERTIFICATE OF DEATH 94 3 Registered No.



5:3170	2. USUAL RESIDENCE OF DECEASED:	
cet address Redwood & Green Sts.	(a) State	nd give town i
University Hospital	(c) City or town Baltimore (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a  (If outside city or town limits, write RURAL a	
ngth of stay in hospital or inst. (yrs., mos., or days) ngth of stay in Bakimore (yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.?	уелго
George V. Knell	MEDICAL CERTIFICATION	. 8 P. M
No.	20. DATE OF DEATH	that lattend-
5. Color or race 6 (a) Single, married, widowed, or divorced. Married	ed deceased from.	
Name of husband or wife Decelia Boyd Knell 6 (c) If alive, give age years	Immediate course of death The autore of	Duration .
th date of deceased (mo., day, yr.) June 23,1854.  E: Years Months Days   If less than one day   27   hr. min	Due to	
Halto. Md.  (Town, county, and state)  Jeus Occupation Retired  Deal Retate	Due to arlerio delunero	1540.
ndustry or business	Other Conditions	PHYSICIAN
2. Name William Knell	(Include pregnancy within 8 months of death)  Major findings:	Underline the
3. Birthplace lild.	Of operations	death should be
14. Maiden Name Knauer	Of autopsy	tically.
15. Birthplace Cocolie B. Knell	22. If death was due to external causes, fill in the fo	llowing:
(a) Informant Ars. Cecelia B. Knell (b) Address 11 S. Fulton Ave.	(a) Accident, suicide, or homicide  (b) Date of occurrence	
(a) Burisl (b) Date thereof 11/23/39 (month) (day) (ye)	(c) Where did injury occur? (City or town) (Cou	place, in pub
Location 3801 Trederick 108d.	place? Specify type of place?  (e) Means of injury	rki
(b) Address 4101 Ramondson Ave.	23. Signature  Address / S - > W Falls 4 Date si	gned M.P.
(a) par roll of rightness burns for titles marteriar	Hew element mb	asid me

#### F 63177

#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	LA Work	les
Street address Redword & Seene St.	a State (b) County	6 0
	(c) City or town Combredge Church	neek
Museraly Hogele	(If outside city or town limits, write RURAL	and give town)
Murery Hoge	(4) Street No.	
Length of stay in hospital or inst. yes, mos, or days	If rural give location)	
Length of stay in Baltimore (yes, mos, or days)	If foreign born, how long in U. S. A.?	year•
FULL NAME Unine Johnson		
If veteran, name war Social Security Account No.	medical certification  20. Date of Death Recember 2 2 1939.	at 7:30 p. M
5. Color or race 6 (a) Single, married, widowed, or		that lattend-
unde leolored divorced herried	ad deceased from Wolling 1), 19.39, to house	701939.
	and that I last saw h Ir alive on Nov. 22 19	39.
Name of husband or wife Stall Jelliste years	a see A of look	Duration
	Immediate carre of death a coma	The year
Birth date of deceased mo., day, yr	0 = 6.0	-0
GE:	Due 10 bongesteur heart failure	-
65 hr. — min.		
Birthplace (Town, points, and state)	Due to arteriorcherotre andis-	
Unual Occupation (Transcription and state)	varcales desease	-
Industry or bysiness Wan have	Other Conditions Stypertoneen Corners	
Tool longing	Possible malightins desease relicionery Include presentes within 8 months offeeth)	PHYSICIAN
12. Name	Major findings:	Und rline the
13 Birthplace Maryland 11 00-1	Of operations	death should be
14. Maiden Name Madene Mc Clack		charged status
15. Birthplace Maryland	Of autopsy	tically
Joseph Johnson	22. If death was due to external causes, fill in the fo	llowing:
informant of Court Runder and	(a) Accident, suicide, or homicide	
16 Address (ambient of the 26-36 (month) (day) (year)	(b) Date of occurrence	
(Burial cremation, or removal) (month) (day) (year)		
(c) Cemetery or crematory & Juld, On, Co.m.	d) Did injury occur about home, on farm, industrial	place, in public
	place? While at wor	k?
Location Souris a, Henry		
a) Funeral director Lewis U. A emily	123 Signature Live R. Rusicha	-
(6) Address 222 Cedar & Cambridge &	Address University Appilal Date 118	100 33 19
6 23 1030 Hunti gray finheque	Address Whitesty Marie Date sig	ned w , k
Marker Thirty Sept (Far)	0	

63178

HEALTH DEPARTMENT-CITY OF BALTIMORE 63178

178	C	ERTIFICAT	E OF DEATH V Registered No.	
PLACE OF DEATH	4 200 17	.71 av	(If death a hospital cive its N	occurred in or institution.  AME instead
Y OF BALTIMORE: (No	where death are	urred 70yrs. 2	mon. 1 Ma. How ions in D. S. If of foreign birth yes. If H. S. Veteran	monds.
FULL NAME	Charle	s J. Coll	peetly WAR	
	1 10 10 10 10 10 10 10 10 10 10 10 10 10	4 4 4 7	St., Ward. (If non-resident give city or tor	vn ami State)
(n) Residence: No			MEDICAL CERTIFICATE OF DEAT	
PERSONAL AND STATIS	M	- relad Widowell.	21. DATE OF DEATH (month, day, year) Nov - 2 2	1935
ale Thite	or Divorced	wills the agent	1 HEREBY CERTIFY. her 22	1937
If married widowed, or district			19 1	. I PORCH IN
OATE OF BIRTH (month, day, )	June 8	1869	to have occurred on the date stated above, at & A in.  The principal rause of death and related same of	Date of expet
IGIE 1 MILES	Days	1 daybrs.	importance were an follows:	11/1/38
a. Trade, profession, or particular	r	.0	- Comme my name	
s ledust v or husiness in which	ı.	time (years)	Other contributory cause of importances Lungs	1/21/37
19, Unto decemed last worked at this occupation (month and year)	OCC.	upation		
BIRTHPLACE (city or town) (State or country)	THE PARTY	nd	Was an operation performed:  For what disease or injury?	d annual agency defines and the second and the seco
12 NAME John	n Coll		What test confirmed diagnosis? Was there as	autopsy?
14. BIRTHPLACE (city or to (State or country)	-		What test confirmed diagnosis was there at 23. If death was due to external causes (violence) fi lowing:  Accident, suicide, or homicide:  Date of injury	
15. MAIDEN NAME AND		inore	and the interpretation of the state of the s	and State)
16. BIRTHPLACE (city or to	1.11	ylind	Specify whether injury occurred in industry, in h	ome, or in pub
INTORMANT Miss El	Lanvale	Street	Manner of injury	entre opiète collèrete est et
BIRIAL, CREMATION, OR	REMOVAL	11/24	Nature of injury  24. Was disease or injury in any way related to occur	pation of decease
INDIRTAKIR L. W.	Mears	any Jon	II NO. MACHES & GILL Hall	L . M.
Add est X 5		1) - al - 6 m	103/2 nouso	u
1111B	- A Hist.	Registr		

#### HEALTH DEPARTMENT—CITY OF BALTIMORE F 63179

63179	CERTIFICATE	0 / 5-
1-PLACE OF DEATH  CITY OF BALTIMORE: (No. 1107  2-FULL NAME Harry The	myrth	REGISTERED NO.  (If death occurred a hospital or institution, give its NAM instead of street a number.)  WARD
(a) RESIDENCE NO. (Usual place of abode)  Leagth of residence in city or town where death occurred / 2	yrs mos.	(If non-resident give city or town and State)  ds. How long in U. S., if of foreign birth?  yrs. mos.
PERSONAL AND STATISTICAL PART	FICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 Single, Ma		16 DATE OF DEATH (month, day, and year) Nova   193
5a If married, widowed, or divorced HI SHAND of or) WHE of		Oct 6 . 1939 . to 20 . 1939  that I lest saw h & raive on 200 20 . 193.
6 DATE OF BIRTH (month, day, and year)	1879	and that death occurred, on the date stated above, at 6 36 50
7 AGE Yers Months Days	II 1155 than I day, hrs or min.	The CAUSE OF DEATH® was as follows:
(a) Trade, profession or particular kind of work	nev	(duration) yrs. 2 mos.  CONTRIBUTORY Paresis, (Secondary) (duration) yrs. mos.  18 Where was disease contracted if not at place of death?
9 BIRTHPLACE (city or town) (State or country)	W.	Did an operation precede death.  Was there an autopsy?
II BIRTHPLACE OF FATHER (city or town)	VW	What teer confirmed diagnosis (Signed)
12 MAIDEN NAME OF MOTHER (city or town)	1 Jones	*State the Disease Causing Death, or in deaths from Violent Ca state (1) Means and Nature of Injury, and (2) whether Accide Suicidal, or Homicidal. (See reverse side for additional space.)
(State or country)  14  Informant / Whea Bla  (Address) 110 7 my to	d ford	DATE OF BURNER CHEMATION OR RE-  DATE OF BURNER  1/- 7 /-  ADDRESS 4
. 6/ 50	Registrar	* CNDERTAKER PULLEW W.B.

BALTIMORE CITY HEALTH DEPARTMENT 47 OR Registered No.

PLACE OF DEATH:	2. USUAL CESIDENCE OF DECEASED:
Baltimore City, Maryland	(a) State M (b) County
Street address	
Hospital or institution:	(c) City or town / / / / / / / / / / City or town / / / / / / / / / / / / / / / / / / /
Montrewatz Hordetal	Justice 709 N. Biddy D
Length of stay in hospital or inst. yrs., mos., or days 22.d.	If rural give location)
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
a FULL NAME	X
2 . S. in I Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH 2. 1939, at 6 . M
bex 5. Color or race 6 (a) Single married, widowed, o	21. I certify that death occurred on the date above stated; that I attend-
divorced Midry	ed deceased from 2 2 2 1931, to 10 2 1937.
	and that I last saw ham alive on 1000 2. 19 3 7.
Name of husband or wife 6 (c) If alive, give age year	Immediate cause of death.
Birth date of deceased (mo., day, yr.) 1813	
AGE: Year Months Days If less than one day	
hr. mir	n. Due to Complexamm and owing
Per atertines Del	is you seed my
Birthplace ( MAIM County and state)	Due to
Usual Occupation / Styan Maria	
Industry or business	Other Conditions Carrenana
12. Name Edw. Walley	(Include pregnancy within 3 months of death)
Mich	Major findings: Underline the
13. Birthplace	Of operations Cause to which death should be
14 Maiden Name of ya Madoria.	harged statis-
15. Birthplace 10 , Migh	Of autopsy tically.
(a) Informant Mr heiner Waller	22. If death was due to external causes, fill in the following:
(b) Address Mest moules red	(a) Accident, suicide, or homicide
Date thereof 11 - 76-3	b) Date of occurrence
Burn cremation, or removal (minth) (day) (yea	TOTAL AND THE PROPERTY OF THE
(c) Cemetery or Creit atory Allo Allow	d) Did injury occur about home, on farm, industrial place, in public
Location Acusteostorin mg	place? While at work? (Specify type of place)
(a) Funeral directo My D Frances a. of you	Means of injury
ENE ON BIJHL	The state of the s
(b) Address JO / Dr / Joseph	
Date read by registrar Registrar	Address I me decly the Date signed 1, 3

BALTIMORE CITY HEALTH DEPARTMENT A Registered No.

ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:  laltimore City, Maryland	(a) State Maryland (b) County	And the last
treet address 4949 Kentern Avenue	(c) City or town Beltimore (d) City or town limits, write RURAL	and give town)
Beltimore City Hospitals	Speet No. 409 Millington Land	-
ength of stay in hospital or inst. (yrs., mos., or days). A day's	(If rural give location)  If foreign born, how long in U. S. A.?	years
FULL NAME	COPL - A- VOLKETT) MEDICAL CERTIFICATION	
If veteran, name war  No.	20. DATE OF DEATH November 20 1939	
5. Color or race 6 (a) Single, married, widowed, or divorced.	ad deceased from Nev. 12 1939, to her	20 19 34 .
10	and that I last saw h alive on New 20 19	39
Name of husband or wife Ida C. 6 (c) If alive, give age years	Immediate cause of death	Duration
irth date of deceased (mo., day, yr.) April 21, 1874	Cornary Thumbrain	11 days
GE: Years Months Days If less than one day		
Baltimore		
(Town, county and state)	Due to	
Usual Occupation Pattern Maker  Industry or business Strauss Bacr Co	Other Conditions generalized arterior chims	melsum.
	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name August Volkert	Major findings:	Underline the
13 Birthplace Gormany	Of operations	death should be
14. Maiden Name Elizabeth Schudt	Of autopey hat home.	charged statis-
15. Birthplace germany	22. If death was due to external causes, fill in the fo	ollowing:
(a) Informant Records	(a) Accident, suicide, or homicide	
(b) Addres Baltimore City Hospitals	(b) Date of occurrence	
(Burial, cremetion, or removal) (month) (day) (year	(Cour or town) (Cour	unty) (State)
(c) Cemetery or crematory houston Park	(d) Did injury occur about home, on farm, industrial	rk?
1 3801 The devict are	(Specify type of place)	
Engel director of B. Wipher Pone	Mana of injury	
(b) Address / Soo Entant Place	23. Signature / rowag helafen	M, D.
De ne dby registrar	23. Signature / rowag helafen Address Kallo Lity gog Date si	igned 11-20-3

CERTIFICATE OF DEATH V			
	2. USUAL RESIDENCE OF DECEASED:		
CE OF DEATH:	1 Jain		
altimore City, Maryland / 1914 / Maryland	(a) State (b) County		
reet address Maryland Jen. Hoger	(c) City or town (Selective or town limits, write RURA)	L and give town)	
copital or institution	(If outside city of Agent III		
Luden T' Magnison -	W Street No (If rural give location)		
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years	
ength of stay in Baltimore (yrs., mos., or days)	(1) 11 101(18.1		
FULL NAME Marie & Gill.			
June West Mills Service Account	MEDICAL CERTIFICATION	741	
If veteran, name war	20. DATE OF DEATH Nov 22 1939	at / AM	
5. Color or race 6 (a) Single, married, widowed, or	- 1 1 -1 the date above state	red; that lattend-	
5, Color or race of a) Single, many	ad deceased from /// 17 19 27, to //	2 11 11 11	
male Wiele Parail	and that I last saw her alive on 11/22	939.	
Name of husband or wife The Maline give age years	Typishur Hea	Duration	
( ) ( ) It all ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Failure.		
irth date of deceased mo., day, yr. 4		-	
GE: Tears Months	Due to Hyperleusion Jacombin		
hr. min	I The state of the		
arthplace MA	Due to Diffuse Calonie Naphr	u	
16-14 WAS 10			
Usual Occupation	Other Conditions		
Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN	
12. Name Warry to snop	Major findings:	Underline to whi	
13 Birthplace Gerderany	Of operations	death should	
Marianed Claser		charged stat	
14. Maiden Name ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Of autopsy		
15. Birthplace	22. If death was due to external causes, fill in the	tonowing.	
a Informant them m. yeld	(a) Accident, suicide, or homicide		
(b) Address Caermortha ma.	(b) Date of occurrence		
(a) Burial b) Date thereof // duly )	(c) Where did injury occur? (City or town)	ounty) (State	
(Burial, eremation, or removal)	Del injury occur about home, on farm, industr	rial place, in put	
(c) Cemetery or crematory	While at	work?	
Location Logderung Stylle	(Specify type of piace)		
(a) Funeral director	(e) Means of injury		
	23. Signature	M, D.	
(b) Address U	Address Many and En. Wil Pate	signed 11	
(a) (Date rec'd by registrar) Registrar	1 1 V		
****			

VS 3

1 2	P 6	0160
157-PF	Registered No	3183
19/		

63183 BALTIMORE CITY HEA	OF DEATH	
	7 IIVIAI KENIDENCE VI	
LACE OF DEATH:	(a) State Md b) County Duns	lack
Baltimore City, Maryland	a) State	mardall
Street address	c City or town Salts. MA	and give town)
Hospital or institution:	1 Spress No. 6829 Holabert	2.10
Hospital or institution: Vect Baltimore General Hospital	Sud No. 6829 Notalina	ave.
Length of stay in hospital or inst. yrs., mos., or days 10 1/2 hr.	(a) If foreign born, how long in U. S. A.?	years
Length of stay in hospital or inst. yrs., mos., or days 10 / hr, Length of stay in Baltimore (yrs., mos., or days) 10 / hr,	(e) It toleren both, the	
FULL NAME of awson)		
de la company de	MEDICAL CERTIFICATION	-45.
If veteran, name war 3 c Social Security Account	20. DATE OF DEATH Wav. 22, 1939	. at 8 - A.M.
No.	1 the date apply sign	AND ADDRESS OF THE PARTY OF THE
5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above said	->21939.
ernal white divorced.	ed deceased from Nov. 21, 1939 . to Nov	39.
man in the	and that I last saw her alive on Mov. 22, 19	
Name of husband or wife years years	1-adiate cause of death	Duration
O C II where give		-
birth date of deceased mo. day, yr Nov. 21, 1939	(Encephalomeningocele)	-
AP A A A A A A A A A A A A A A A A A A		-
GF: Years Months Days 11 less than one day	Due to	Marie Land
	ALTO HE STATE OF THE STATE OF T	
orthplace Caltimore Md. (Town, County, and state)	Due to	
(Town, county, and state)		
Usual Occupation	Other Conditions	
Industry or business		PHYSICIAN
12. Name Willer Lawson	(Include pregnancy within 3 months of death)	Underline th
2. Name	Major findings:	cause to which
3 Birthplace Charlottesville, Va.	Of operations	death should be charged atti
14 Maiden Name Manne Roberts		ii ally.
4 Maiden Name	Of autopsy	
5. Birthplace Churchtterylle, Va	22. If death was due to external causes, fill in the	10:10 w mk.
a Informant Manue Lawson	(a) Accident, suicide, or homicide	
	(b) Date of occurrence.	
6) Address 68 2 9 rocacoun Nova 579	.17	metv) (State)
Burial b Date thereof (month) (day) (year	r) (c) Where did injury occurr (City or town)	
(Burial, cremation, of removal)	(d) Did injury occur about home, on farm, industri	k)
c) Cemetery or crematory 1100000	White at a	YOTK ?
Location J. 10 0 0	place? (Specify type of place)	
	(e) Means of injury sadore Sc	her
Funeral director des & P H. Park ave	23. Signature	M. D.
Address 1701-03 16 0 2000	D Address West balto sen Hoge Date	signed /1-2-3
DR 1939 by a star fill wondered	P. Address / Le	
may red by registrati		

F 63184

## CERTIFICATE OF DEATH

F 631.84

	2. USUAL RESIDENCE OF DECEASED:	0/ 1
E OF DEATH:	(a) State Md. (b) County Betto	VVash.
timore City, Maryland	a State ///U.	
eet address	CY City or town BaltiMORE (If outside city or town limits, write RURAL	and give town)
	(If outside city or town limits, write not	rad
JOHNS HOPKINS HOSPITAL	Street No SMith Sburg R.f.D	/YICI.
and ar days	It that kive to at four	
ngth of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeari
ngth of stay in Baltimore yra, mos., or days		
NAME 1/1 1/2/02		
TULL NAME Helen Wolfe	MEDICAL CERTIFICATION	
f veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH 1/- 22 1931	, at 23 % A N
No.	20. DATE OF DEATH  21. I certify that death occurred on the date above stat	ed; that lattend
5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above and	22 1939
Male White divorced. Child	21. I certify that death occurred on the date institute of the deceased from 1/-/6 1939, to 1/-	939 .
	and that I last saw her alive on 11-22.	Dusation
Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death	1 1/1/
1 1 2	lamedigte couse of death of east fisene	5 7.0
th date of deceased mo, day, yr. 5 4 39		
E: Years Months Days If less than one day	Due to	
AAA hr.		-
P.It. MA.	Due to	
(Tewn, egunty, and state)	Due to	
Jeual Occupation Child	Other Conditions	
3 - husiness	X Live Tureda	PHYSICIA
2. Name Hubert Wolfe	(lyflude pregnancy within a rouths of death)	Underline
	Major (Indings:	cause to wh
3. Birthplace Md.	Of operations.	death should charged sta
4 Maiden Name Ade/a ?		tically.
A A /	Of autopsy	following:
15. Birthplace Md.	22. If death was due to external causes, fill in the	
a Informant Records	(a) Accident, suicide, or homicide	
Address White Myralia House For	(b) Date of occurrence	•
Burial (b Date thereof Nov 24 3	(City or town)	ounty) (State
		ial place, in pu
Cemetery of crematory Bethel Cemeter	While at v	vork?
Location Garfiell Md. Fredico:	place? (Specify type of place)	
BI Thill Change G	Alife Means of injustion of Soldle	4.4
	23. Signature Kluny ( Soldle	, M. D
(b) Address Middlatow milla	2), 318114141	signed/1-21
(b) 1 - 2 - 1 - 2 + 1 2 mind	Addres John Horking Horf Date	

OEIII I		
CE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
eet address Kedwood and Greene Ses	a State	
eet address Kelwoves and rules ors	(c) City or town Balto (If outside city or town limits, write RUR	Al and give town)
anutul or institution:	(If outside city or town limits, write RUR	Land Ente to any
Universely Hospital	Street No. 2511 Mary land	· · ·
ngth of stay in hospital or inst. yrs., mos., or days) 50mg	11/ aral give location	
	(e) If foreign born, how long in U. S. A.?	years
ngth of stay in Baltimore (yrs., mos., or days)		V
FULL NAME Alvertu A	libert	^
e 116im Account	MEDICAL CERTIFICATION	130
f veteran, name war	20. DATE OF DEATH NOV. 22 193	4 . at 11 - P.M
( ) Single married widowed, u	. I amaka data abaye ati	ated, that lattend
divorced. Alan	1 1 1957 to	34 195/
is all the contract of the con	and that I last saw her alive on MY	19 37
Name of trusband or wife Floyd B. albert		Duration
6 (c) It alive, give age	Broncho premone	2 weeks
th date of deceased mo, day, yr ) Mary 16 150		
E: Years Months Days If less than one day	Due to Cachegia	2 chair
25 6 8 hr. mi		
abole Tuves grings la.	Due to huperle sere arteris selvati	
rhplace (Ivan jounty, and state)	protionale Rive Disease	Mylono
leual Occupation	Other Conditions	
ndustry or business Ut Woule		PHYSICIAN
2. Name John Good 2/	(Include a regreen a within 3 months of death)	t advrise t
	Major findings:	ause to shi
3. Birthplace	Of operations	leath bould
4 Maiden Name arak M. Markher		charged stat
german 4	Of autopsy	e following:
a Informant PARRIGH IN Illest	22. If death was due to external causes, fill in th	
a Informant by Address 12 Asia is som I stonglising h	(a) Accident, suicide, or homicide	
N and a second	(b) Date of occurrence	
a) Furial h Date thereof (month) (day) tre	(c) Where did injury occur?	County) (State
(Hurial, accountion, or transmitters land Part	d) Did injury occur about home, on farin, indust	rial place, in put
Cemetery or crematory 2 Ml	While at	work?
Location Jacks 2	(Specify type of place)	
Funeral directof allacione of	(e) Means of injury	udley
131	23. Signature	<b>M</b> . D.
b) Address	C Address Uvis Hosp Date	e signed // 33
Date que 4 by megatrar)	Address -	

#### 63186

1	F 63	3186
1. a.	, (0	
47	Registered No.	

re. imits, write RURAL and give town)  oural give location)  S. A.?  TIFICATION  21, 1939, at 10 A. M. the date above stated; that lattend- 1937, to 21, 1939
re imits, write RURAL and give town)  bural give location)  S. A.? years  TIFICATION  21, 1939 at 10 A. M.  the date above stated; that lattend- 1937, to No U249.39
TIFICATION 21, 1939 at 10 A. M the date above stated; that lattend- 1937, to NO U269.39
TIFICATION 21, 1939 at 10 A. M the date above stated; that lattend-
TIFICATION  21, 1939 at 10 A. M. the date above stated; that lattending 37, to No U269.38
TIFICATION  21, 1939 at 10 A a M  the date above stated; that lattend- 1937, to No U269.38
21, 1939 at 10 A.M. he date above stated; that lattend-
21, 1939 at 10 A.M. he date above stated; that lattend-
21, 1939 at 10 A. M. he date above stated; that lattend-
he date above stated; that lattend-
MAUZI 1939
910021 1939
ouboris lay.
wis ?
itis
ocarditis
onths of death)
Underline th
death should he charged statis
tically.
auses, fill in the following:
· V
ity or town) (County) (State)
on farm, industrial place, in pub While at work?
While at work?
male.
M. D.
Ave. Date signed

CITY OF BALTIMORE 63187 Rachel P Gross

HEALTH DEPARTMEN	NT-CITY OF BALTIMORE
	ATE OF DEATH V / 2 /
PLACE OF DEATH Y OF BALTIMORE: (No. \$200 n. 7)	Registered No
th of residence in city or town where death white Syra	mos ds. How long in U. S. If of foreign birth? yrs. mos ds.  If U. S. Veteran  specify WAR
(a) Residence: No. 8 (Unual place of abode)	Ward. (If non resident give city or town and State)  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	Man. 2/ 1039
Colul of Wiscons Race or Divorced (grite the got	23-72 1 HEREHY CERCITY. Triple 100 - 2/ . 1935
HUSBAND of Joseph Gross	to have occurred on the date stated above, at he m.
ATE OF BIRTH (month, day, year funt ?  AGE Years Months Days If LESS th  GE 4 or min.	hen.
8. Trade, profession, or particular kind of work done, as spinner.  9. Industry or business in which work was done, as silk mill, naw mill, bank, etc.  10. Date deceased last worked at this occupation (month and	Other contributory of the
BIRTHPLACE (city or town Ballieriffe Co (State or country)	Was an operation performed the Date of For what disease or injury?
14. BIRTH LACE (city or township to the (State or country)	What test confirmed diagnosis? Was there an autoposition of the four states and the states are states and the states of the stat
15. MAIDEN NAME Hope Calfeed	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (ele town)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publ
(Address) P 20 n mant st	Manner of Injury.
BURIAL CREMATION OR REMOVAL	Nature of injury  24. Was disease or injury in any ways clated to occupation of decease
UNDERTAKER Speech G. Swell	If so, specific Do Potto
(Address) HOTA FIGURE	(Signed) 1566. Kom ste 01

Registrati.

HEALTH DEPARTMENT-CITY OF BALTIMORE 63188 3188 CERTIFICATE OF DEATH Registered No..... (If death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. long in U. S. If of foreign birth? yrs mos ds. If U. S. Veteran Length of residence in specify WAR 2. FULL NAME (if non-resident give city or town and State) (a) Residence: No .. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widawed, or Diversed (write the Averd) 4. Color or Race I HEREBY CERTIFY, The Em married widowed. to have occurred on the date stated above, at ... HUSBAND of (or) Willi of The principal cause of death and related causes of Date of enest DATE OF BIRTH (month, day, year) it LESS than Months Years 1 day, bre AGE 3 min A. Trade, profession, or particular kind of work done, us spinner, sawyer, bookkeeper, etc... 1. Industry or business in which work was done, as all mill, saw mill, bank, etc. Total time (years) spent in this 10. Date decensed last worked at this occupation (month and securation. BIRTHPLACE (city or town) For what disease or injury? (State or countar) Name of operation 13. NAME Was there an antopay?

What test confirmed diagnosis: 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPIACE (city or town) Accident, suicide, or homicide? Date of injury \_\_\_\_\_\_, 19. (State or country) 15. MAIDEN NAME Where did injury occur? ... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE felty or (State or country) place INFORMANT Manner of injury. (Address) BURIAL, CREMATION, OR REMOVAL Nature of injury Was disease or injury in any way related to occupation of deceased? Registrar.

#### F 63189

# BALTIMORE CITY HEALTH DEPARTMENT 93 Registered No. CERTIFICATE OF DEATH



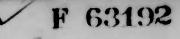
CERTIFICAT	E OF DEATH	
	2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH: altimore City, Maryland	(a) State (b) County	
reet address 4002 Edmondson Ave	(c) City or town Baltimore (If outside city or town limits, write RURAL (If outside city or town limits, write RURAL (If rural give location)	and give town)
ength of stay in hospital or inst. (yrs., mos., or days) ength of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeare
	OF THE ATION	
If veteran, name war  No.	THE OF DEATH / FOREST	. at 6 PM
5. Color or race 6 (a) Single, married, widowed, o divorced. rappied	21. I certify that death occurred on the date above state  ed deceased from lauch 1939, to have and that I last saw h alive on have > 1 19	21 19.39.
Name of husband or wife Anna Logue 6 (c) If alive, give age year	the language	Duration
GE: Years Months Days If less than one day  A physical day of the standard of	mysepidial agencialing they	1500
irthplace (Town, county, and state)	Due to	
Usual Occupation Maragen I lumbing Sup Suff	Other Conditions (Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Samuel Cummins 13. Birthplace	Major findings:  Of operations	Underline the cause to white death should the charged stati
14. Maiden Name Anna Murphy	Of autopsy .	tically.
15. Birthplace	22. If death was due to external causes, fill in the	
a Informant ing. Anna Gumning	(a) Accident, suicide, or homicide	• • •
a) Buris 1 (b) Date thereof OV 24; (month) (day) (y	(c) Where did injury occur? (City or town) (C)	ounty) (State)
(c) Cemetery or crematory Sollieds & L	place? (Specify type of place) While at v	vork?
(a) Funeral director Pite Miedefeld	(e) Means of injury Hinder E. St.	ey
b) Address 914 Greenmount Ave	23. Signature 3803 Felinate la Date	sighed 11 7 2 4
(Date rec d by registrar) (Date rec d by registrar)		

MORE HEALTH DEPARTMENT-CITY OF BAL CERTIFICATE OF DEATH 63190 Registered No ..... (If death occurred in Ward)

Wa 1. PLACE OF DEATH CITY OF BALTIMORE: (No. Length of residence in city or town where death occurspecify WAR 2. FULL NAME ..... Ward. .... (If non-resident give city or town and State) (a) Residence: No.2. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Wides of Directed (write the ord) I HEREBY CERTIFY, That I attended decensed from 22 11/23 . 19.39. to. 19.39. Death is said If married, widowed, or di orre-1.1123 I last my her, alive on to have occurred on the date stated above, at 7: M.A.ra. HI SBAND of (or) WIFE of The principal cause of death and related causes of DATE OF MUCH (month, day, year) Importance were as follows: If LESS than 40.4 Imye necer. Years 1 day\_\_\_hra. AGE .min. 1kmon he ye OF\_ F. Trude, prefession, or particular kind of work done, as spinner, nawyer, bookkeeper, etc. 3. Industry or business in which Other contributory causes of importance: work was done, as silk mill, 11. Total time (years) one mill, bank, etc. te. Unte decensed last worked at this occupation (month and occupation VERST Was an operation performed! BIRTHPLACE (city or town (State or Youstry) For what discour or injury? Name of operation IL NAME Was there an autopay? What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or to-(State or country) Pate of Injary lowing: Accident, suicide, or homicide? 15. MAIDEN NAME GWALL Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city at Smite r country) place INPORMANT Manner of injury CREMATION, OR Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify. UNDERTAKER in the leave straining

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 63191 CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: Baltimore City, Maryland Hospital or institution: Length of stay in hospital or inst. yrs., mos., or days If foreign born, how long in U.S. A.? Length of stay in Baltimore (yrs., mos., or days 2 years) a FULL NAME MEDICAL CERTIFICATION 3 c Social Security Account 20. DATE OF DEATH Neverl 43 b If veteran, name war 21. I certify that death occurred on the date above stated, that lattend-5. Color grace 6 a Single, married, widowed, or ed deceased from May 20 1929, to Avela - divorced and that I last saw herealive on Nor 63 b Name of husband or wife dama Duration Immediate cause of death 6 (c) if alive, give age 70 years Coronary unbolas Birth date of deceased mo., day, vr If less than one day AGE: Years Months Birthplace June 111 Due to Other Conditions Industry or business PHYSICIAN 12. Name hillip Block (In lude i regran v within 3 mo the of death) Und rime the Major findings: ause to which Of operations jeath he ld be harged statis-14 Maiden Name Minne Of autopsy 22. If death was due to external causes, fill in the following: Informant Hon Len (a) Accident, suicide, or homicide (b) Date of occurrence (h) Date thereof 11-24-37 (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public Cemetery or crematory & the Life of While at work? Location 10 in alson In fel 16 (Specify type of place) In Funeral director + 100% (e) Means of injury 6) Address 7 6 1 6 , 2018 13 23. Signature Address 2301 Mulas Nac Date signed X1, 23/3, Registrar disterrech by tega trat



92 CRegistered No.

PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland, OU	1 0	a State (b) County	
Street address 3709 TK.	ALA · CUD	helth:	
Hospital or institution:		(c) City therown	ad en e tewn)
		2709 PK. Nota.	(, M
		3 Street No. 2 (If r ra) ( location	
Length of stay in hospital or inst. yrs.		+8	years
Length of stay in Baltiman yrs. mos.,	or days	(e) If foreign born, how long in U. S. A.?	, years
FULL NAME	Shugar		
If veteran, name war 3 (c)	Social Security Actount	MEDICAL CERTIFICATION	at
No.		20. DATE OF DEATH \\- 22-39 19	, at M
Sex 5. Color or race 6 (a) Sing	It, married, widgwed, or	21 I carrie that death occurred on the date above state	d; that lattend-
Parall Sulite divorces	MANUNA	ad decensed from lace 1 1939, to We	72491.
mas war	V. DAMADA	and that I last san he alive on him 22 19	3 ).
h Name of husband or wife 6 c It al	ive, give age years	the second secon	Duration
	0 000	Immediate cause of death	
Birth date of deceased mo, day, yr	If less than one day		-
AGE: Years Months Days		Due to	-
91	hi min.		
Bithplace	to and suite)	Due to	1
Usual Occupation Quist U	urs .	10 00	
Industry or business		Other Conditions My reactive	1
MINA	Item	Include reg an within 3 months of death)	PHYSICIAN
12. Name		Major findings:	Underline the
13. Birthplace		Of operations	age to which
14. Maiden Name Work			jouth he id be
// //	agia 1	Of autopsy	tically.
15. Birthplace William PortAs	Mugay	22. If death was due to external causes, fill in the fo	ollowing:
(a) Informant	Out.	(a) Accident, suicide, or homicide	
b Address 101 1 K. CAN	e	(b) Date of occurrence	
10 Miller Doll	hereof 7 27 (Sent)	(c) Where did injury occur? (City or town) (Cou	inty) (State)
Contract Presidents of Personal Management	tale	d Did injury occur about home, on farm, industrial	
(c) Cemetery or manatory		place? While at wo	rk?
Location	Davis Car	(Specify type of place)	
(a) Funeral director	The same	(e) Means of injury	eer-
(b) Address 737 6 .\ 50	M. 174	23. Signature	M. D.
(a) b	Regintrar	Address 1935 W. Morel Date sig	gned //. 24,3
(I)ni roudle regitrar)	M. Kincini.		



10,000	CENTIL	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	2. 1	
Baltimore City, Maryland	a State Med (b) County	
Baltimore City, Maryland Street address	(c) City or town Office City or town limits, write RURAL and give town of the Sweet No. 3356 Churthura.	
Street address	c) City or fown	n
Hospital or institution:	alf out ide city of them interest.	
Timber of the	1 3356 Chutantar.	
1	If rural give location)	
Length of stay in hospital or inst yrs. m	days of days of lf foreign born, how long in U. S. A.?	ais
Length of stay in Baltimore yra mos, o	Gays)	
FULL NAME Charles H	MEDICAL CERTIFICATION	
12/45 €	MEDICAL CENT	
Hi Actetut, manie and	20 DATE OF DEATH 1/- 22	
No.		nd-
	married, widowed, or 21. I certify that death occurred on the date above stated; that rate	9.
La divorced	21. I certify that death occurred 19.3 9, to 1/-22 19.3 ed deceased from 11-21 19.3 9, to 1/-22 19.3 9	
m a	and that I last saw here alive on //- and in	
Name of husband or witating	Can dan Unratio	
	To Visa Ond	
Birth date of deceased mo., day, yr. 6		
Birth date of deceased mo, day, or	leas than one day Secondary anima	
AGE: Years Months Days	Due to Intritional	
72	hr. min. Bue to Klemonhage	
2/2/	a 2 de letterdez in	
Birthplace Toyn county	and state) Due to Polyp ( thurly) in	
1 17 -	W. Continge Carlos anuma	
. Ordai Octob	Other Conditions	
Industry or business	c coma PHYSIC	IAN
12. Name tuber & wel	C (Include or gnancy within 3 months of death) Underly	ne the
12. Namet		
12 Destadace	Of operations	ald be
1. haron	- An yeard a	
14 Maiden Name Limberrous	Of autopsylolyp of Carcin, pul. edena tically.	
15 Birtholace 1 Minour	distribution of the following:	
1 4 6	22. If death was due to external cases	
Informant Census & &	(a) Accident, suicide, or homicide	
1 133000 3339 1011111	Deta of occurrence	
A · I Desert	( 71100 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tates
16.74	month) (day) (year)  The standard of Did injury occur about home, on farm, industrial place, in party of the standard of Did injury occur about home, on farm, industrial place, in party of the standard of t	
c Cemetery or cometery A.T.		
Location Wolany	(Specify type of place)	
(11) Funeral director Elemowa	A Sonower. Means of minry of the	
funeral director	- Holman Waller	D
(b) Address 36 15-17674	23. Signature	700
VO1 1039 We to to	Address and of Poster Date signed	7
Many and the second sec	The Mariety II Production	

;3	4	g	1
20		. 1	L



CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Saltimore City, Maryland	(a) State Maryland (b) County Baltimor	
treet address 4515 Carrison Ave a	(c) City or town Baltimore City (If outside city or town limits, write RURAL (d) Street No. 3208 Clifton Ave.	and give town)
ength of stay in hospital or inst. (yrs., mos., or days) ength of stay in Baltimore (yrs., mos., or days)  60 yrs.	(e) If foreign born, how long in U. S. A.?	yeare
FULL NAME		
JAMES ETDEN	MEDICAL CERTIFICATION  20. DATE OF DEATH Nov. 22 1939	. 300 M
No. no	20. DATE OF DEATH //OV.	Juhar lattenda
ex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from Aug 2019 34 to Mo and that I last saw humalive on Mov. 2219	V. 2219 39.
Name of husband or wife Mary B. Amos Biden 6 o If alive, give age 25 years		Duration 3 days.
GE: Years Months Days If less than one day  No. 18 18 hr. min	Due to cerebral humorrhage	11/20/39
Baltimore Co. Md. (Town, county, and state)	Due to arterio schoois.	1934
Oddar Occupation	Other Conditions	PHYSICIAN
Industry or business	(Include pregnancy within 3 months of death)	
12. Name James Biden	Major findings:	Underline th
13 Birthplace Md.  Jane E.S.Elkins	Of operations	death should be
14. Maiden Ivanie	Of autopsy	tieslly.
15. Birthplace W. Va.	22. If death was due to external causes, fill in the	following:
(a) Informant Jennie C. Biden	(a) Accident, suicide, or homicide	
b) Address 3208 Clifton Ave.	(b) Date of occurrence	
Burial b Date thereof Mov. 2.5.  (Burial cremation, or removal)  (Cemetery or crematory Druid Ridge  Lession Likesville, Balto C. Mar.	(d) Did injury occur about home, on farm, industrie place?  Where did injury occur about home, on farm, industrie While at w	unty) (State) al place, in pub ork?
a) Funeral director What Mulehell Hor	23. Signature Lunger Altry	P M. D.
(b) Address 1900 Eutaw Place	Address 3030 Ed, ondson Ave Date	igned



		-
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(e) State W (b) County	
Street address	C Cit r town Ballenin	
S Marin Anbetal	(If outside city or town limits, write RURAI	L and give town)
	Street No. 2 8 97 Jugleurs	of len
Length of stay in hospital or inst. (yrs., mos., or days)	All restricted seasons	
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	7
FULL NAME / aul b Kockwell		
If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	4 acon
Harld No. Mas	20. DATE OF DEATH Macuster 2219 39	
Sex 5. Color or race 6 a Smale, married, widowed, or	21. IHEREBY CERTIFY, That I jook charge of the ren	
m who married	above, held an Multiple of Inquir) thereon and from	m the evidence
Name of hand or wife Celice J. Rockwell	obtained by said	decensed came
36. 6 c If aliee, give age 11 years	(Autopsy or Inquiry) to death on the day stated above	
Birth date of deceased (mo, day, yr ) are 19 1897		Duration
AGE: Years Months Days If less than one day	Immediate cause of death	
42 br min	arsene gas poisain	+
Birthplace Cal	Due to	1
(Town, rounty, and state)		
Usual Occupation Chemist	Due to	
Industry or business M.S. Cersewal		-
12. Name No. Rochwell	Other Conditions	
13. Birthplace Mer Jose ally	(Include pregnancy within 3 months of death)	PHYSICIAN
14 Maiden Name ? Crase	Major findings:	Underline the
15. Birthplace Mass	Of operations	death should be
	Of several	charged statis-
(a) Informan Mys Celice Rolevell	Of autopsy	llowing
1 Address 2804 riglewood are	22. If death was due to external causes, fill in the fo	
Idurial b Date thereof Word 192	(b) Date of occurrence 11/9/39 months	ordeen by
Cemetery or crematory of grays. Perair Mid	((C. or town) (Cour	mil)
Location October 1980	place? Swerry were face. While at wor	k) 445
(a) Funeral director Heury & Centin 1 h lo	(Specify ppe of place)	24 100 0 615
Address Oschwid - 140 hal obe St	(e) Means of injury Dropfed Carryster 10	MD
NOVA STATE A WILL	23. Signature Will whether 6	T.
The said of the state of the st	Date signed 111 2 437	
VSA		

VS E



96		
LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Relumore City Maryland	(a) State Med (b) County	
Street address 15 26 argyl and	(c) City or town Balterier	
Hospital or institution:	(if outside city or town limits, write RUR	AL and give town)
	Some No. 15 Do argyl M	
Length of stay in hospital or inst. (yrs., mos., or days)	(I rural give location	)
	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days).		
FULL NAME Jackson Jackson		
W veteran; mine war Social Security Account	MEDICAL CERTIFICATION	5 30a
No. 216-07-84	20. DATE OF DEATH (Loveraber 22 12)	7 , at M
sex 5 Color or race 6 (1) Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the re	emains described
the Col divorcedingle	above, held an Author or Ir wire) thereon and fr	om the evidence
	obtained by said find that said	deceased came
Name of husband or wife 6 c If alive, give age years	(Autopsy or Inquiry)	
	to his death on the day stated above.	
Birth date of deceased mo, day, yr. (100) 8.187	Immediate cause of death	Duration
AGE: Years Months Days If less than one day		
17 2 br. min.	Cornery orderson	
The grant.	Due to	
Birthplace I I (I wn, bung, and state)	1500.00	
Usual Occupation alleundryman	Due to	
Industry or business	Due to	
Vanio Sacha.	61 C L	
12 Name	Other Conditions	
13 Birthplice Mill	(Include pregnancy within 3 months of death)	PHYSICIAN
11 ofte True	Major findings:	Underline the
14 Maiden Name HEN Will built	Of operations	death should be
15. Birthplace		charged statis
and tous	Of autopsy	tically
1 Address 520 argue live	22. If death was due to external causes, fill in the	following
1) Address 3 20 wagge we	a Accident, suicide, or homicide No	
Burral 6 Date thereof / / 23/	(b) Date of occurrence	
Illirial, crematilli, or removal	(a) Where did injury occur)	
(emeter) or crematory / allowa	( LILLY INT LINK IL)	ounty) (State
Location PA 1. P	d) Did injury occur about home, on farm, industri	rork)
1 2 8 1/18001	(Specify type of place)	
(a) Funeral director 1 100 C PE 300	ans of injury	
1 Address / 30 3 1 ressimum	23. Signature My Wandelyuff	M.U
(a) Alfred & S. S. Market Bright Riverson	Date signed 1/22/37.	
Den to by be itel		

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
Baltimore City, Maryland	(a) State Maryland (b) County		
Street address  Hospital or institution:  Baltimore City Hospitals	(c) City or town Baltimore	and give town)	
	of freet No. 535 W. Bloom Street (If rural give location)		
Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.  Length of stay in Baltimore (yrs., mos., or days) 50 yrs.	(e) If foreign born, how long in U. S. A.?	years	
FULL NAME Charles Lee			
) If veteran, name war 3 (c) Social Security Account No.	medical certification  20. Date of Death	.5-2m	
5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from 4-12 1937, to	d; that lattend-	
Name of husband or wife Mass. 6	and that I last saw h / walive on // 2/19	Duration	
6 c If alive, give age years  May 21, 1867	Carecona prostate with	one	
GE: Years Months Days If less than one day	tolt air	7 month	
72 6 0 hr. min.	Due to		
Usual Occupation  Tanitor	Due to		
Industry or business Unemployed	Other Conditions	PHYSICIAN	
12. Name Jupiter Lee	(Include pregnancy within 3 months of death)  Major findings:	Underline the	
13. Birthplace	Of operations Same	cause to which	
14. Maiden Name Georgianna Johnson	0	charged statis-	
15. Birthplace	Of autopsy	lically.	
(a) Informant Records (b) Address Bultimore City Mospitals	22. If death was due to external causes, fill in the fo		
(b) Address Bultimore City Hospitals	(a) Accident, suicide, or nomicide		
a) Date thereof 11 25-37 (Burrel exemption or removal) (month) (day) (year)	(c) Where did injury occur?	nty) (State)	
(Burisl, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial	* /	
Location	place) While at wor		
a) Funeral director	(Specify type of place)		
(b) Address 50 3 F	23. Signature The orlustific		
(b)	Address Balta City Hoth Date sig	ned1-21-3	

63198	BALTIMORE CITY HE CERTIFICAT	E OF DEATH 93 F RG3198	
Baltimore City, Maryland Street address / / 8 / 7. Hospital or institution:	Yashington.	2. USUAL RESIDENCE OF DECEASED:  (a) State M. Baltimore  (b) City or town  (c) City or town  (d) Street No. 118 M. Washington	mel.
Length of stay in hospital or inst. (yra., ength of stay in Baltimore (yra., mo		(c) If foreign born, how long in U. S. A.?	уевте
) If veteran, name war 3 (c	Social Security Account	MEDICAL CERTIFICATION	Q P. M
White divorced	ngle married, widowed, or	ed deceased from afril 1, 1939. to More	d; that lattend; 22 19 77.
Name of husband of will	ali O give age fore	Immediate couse of death	Duration 3 years
GE: Years Months Days 62 3 6  Sirthplace Back Usual Occupation Days  Town, co	If led than one day hr. min.	Due to Hypertersion	3 years
12. Name Www War 13. Birthplace 14. Maiden Name	any,	Other Conditions Hall Holder Service (Include pregnancy within 3 months of death) Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statis-
14. Maiden Name	namy	Of autopey	tically.
(a) Informant (b) Address  (a) Burial (Burial, cremation, or removal)  (c) Cemetery or crematory  Location  (a) Funeral director (b) Address  (b) Address	Bandy 263 thereolety 263 oly Redum  Stern Son  unler Ly av	(d) Did injury occur about home, on farm, industrial place? While at wo (Specify type of place)  (e) Means of injury  23. Signature. Mullarl J. Done	nty) (State) (place, in public rk)  M. D.
WDV 21.10296)	Meintrar on Interest	Address 2530 C . College M Date of	gned //-+4-3

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63199

99 HEALTH DEPARTM	1/4/
CERTI	FICATE OF DEATH
	Registered No.
TY OF BALTIMORE: (No. 17.86 Ba	they distributed and number.)
there death occurred	
FULL NAME William as	hury Johnson If U.S. Veteran
FULL NAME WILLIAM	Ward.
(a) Residence: No: 1286 Batte	Ward. (If non-resident give city or lown and State
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATION
5. Single, Married.	be word) 21. DATE OF DEATH
SEX or Diversed (write it	Mary Level 9 1939 November 22 10
If married, widowed, or diverced	1 last saw had alive of November 221938 enth la
HUSRAND of (or) WHE of	to have occurred on the date stated above, a 8.30 A m
7.186	The principal cause of death and mated numes of
The very little	hrs. Chrone Nephrele
	min. Credial Kaypulenpyonson
8. Trade, profession, or particular Rating	Clark Prostatic Hoffeetroping mi
kind of work done, as spinner.	200
9. Industry or business in which work was done, a silk mill. Has. company in mill, bank, etc.	any othy contributgy cause of inflance mrhage 19,
10. Date deceased last worked at this occupation (month and	193
year O C O	Md. Date of
(State or country)	Mas un operation performed? N.O. Date of
The Johnson	Do 1 1 Talantaniania
Augus arms	
14. BIRTHPLACE (city or town) Quies unit	Who test confirmed disposis? Was the state of the also the lowing Ascident, suicide, or homicide? Date of injucy
15. MAIDEN NAME Sarah Wright Fi	
16. BIRTHPLACE (sity or town) Queen anne (State or country)	Where did injury occur? (Specily city or town, county, and it pecily whether in ary occurred to industry, in home, or in
nera Planson	place
(Address) 286 Battery	Manner of injury
OR REMOVAL	Nature of Injury
Place Cathedral Ceru Date 11/2	24. Was disease or in any way related to occupation of de-
INDERTAKER Margaret G. Fleps	in No Officed Norses
(Add and 1424 Light St.	111 willes / (Stened) Taware t west si
MILED ON THE STATE OF THE STATE	Registrar Address 101 Care
114 2: 10:00 = 7,000	

F 63200

Registered No.

	DESCRIPTION OF DECEASED.
CE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Itimore City, Maryland 609 6 29 Th St	(a) State Mag (b) County
reet address pepital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
	desirables 609 6 29 th St
ength of stay in hospital or inst. (yes., mos., or days)	(e) If foreign born, how long in U. S. A.? years
ngth of stay in Baltimore (yrs., mos., or days)	
FULL NAME armie & Misken	W
1 veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
5. Color of race 6 (a) Single, married, widowed, or	1 1 1 1 Amend that lattends
and worked farmed	ed deceased from W 2 19 39, to WW 23 19 39.  and that I last saw he valive on WW 23 19 39.
Name of husband or wife Clarence of years	Devetion
th date of deceased (mo., day, yr.) Jan 6 1892	
E: Years Months Days of Af less than one day	Due to Muyorardial desuffi.
47 90 23 hr. min	eren /
rtiplace Dallo Manuel (Shown, county, and state)	Due to
Joual Occupation	Other Condition them selevore, form
ndustry or business	(Inglide pregnancy within 3 months of death)  PHYSICIAN
2. Name Howard Fawyere	Major findings:
3. Birthplace Galt md	Of operations death should b
4. Maiden Name Mary Jiston	charged statis
5. Birthplace Selto mg	22. If death was due to external causes, fill in the following:
(a) Informant Clarence of Michia	(a) Accident, suicide, or homicide
(b) Address 6096 2974	(b) Date of occurrence
a Burial (b Date thereof M) 27 (23 (Burial, cremation, or removal)	
c) Cemetery or crematory	// While at work?
Location Asmaralis (State Flynn	(e) Mean of higher (Specify type of place)
a) Funeral director	23. Signatur Selley ( Selvenich ) D.
b) Address 1422 degree	Address 1337 S Charles one signed 1/24
(Date residing registrur)	Address

### F 63201

### 63201 HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICATI	E OF DEATH
. PLACE OF DEATH	Registered No.  (If death occurred in a hospital or institution,
TY OF BALTIMORE: (No. 27 7 2 LUSU)	St., Ward)  give its NAME instead of street and number.)  ds. How long in U. S. If of foreign birth yrs
ngth of residence in city or town water deady the	Marel C If U. S. Veterafi apecify WAR
(a) Residence: No. 1501 Elentry	St., Ward. (If non-resident give city or town and State)
CRUM Place of	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  14 Color At Race   5, Single, Married, Widowed.	21. DATE OF DEATH (month, day, year) Nov. 2/15, 1939
will white or Windawed (write the word)	22. I HEREHY CERTIFY, That I attended deceased from
HI married, widowed, or everced HI SBAND of (or) WIFE of	i last saw has alive on Noo 21 P 39. Death is said to have occurred on the date stated above, at 1/P m.
DATE OF HIRTH (month, day, year) What LESS than	The principal cause of death and related causes of
AGE Venra Months Days of LESS than 1 day. hrs.	Chrone Hethiles
8. Trade, profession, or particular kind of work done, as spinning new Atalinas sawyer, bookkeeper, etc.	7
9 Industry or business in which the work was done, as ath full and or dead hoke as mill, bank, etc.  10. Date de essed last worked at this occupation (month and	Other entriputory carded of important Reconfessition 2 400
DINTHPLACE CON Stephoon, Brehing	Was an operation performed/ Date of
12 NAME that albest Marel	Name of operation Date of
14. BIRTHPLACE (city or towltheup)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to e terral causes (violence) fill in also the following:
15. MAIDEN NAME SUKUTOV	lowing: Accident, suicide, or homicide?  Date of injury , 19
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in publi
INFORMANTIMA Mary Wall	place Manner of injury
HURIAL SKENATION OF SILL BOM DES NOV. 25-1 3	Nature of injury
Plantador file printer	24. Was disease or injury in any way related to occupation of deceases
AMERICA STOP Free Ave	Les Sens Len S. Nesky .x
111.110 Recisions	Addresy 700 blum forther
一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	111 72 37



			CERTIFICATE				
				2. USUAL RESIDENCE	E OF DECEASED:		
lospital or instit	Maryland 502 S. W		ton Street	a State Md.  (c) City or town  If our street No.	Baltimore	ington St.	nd give town)
ength of stay in	hospital or Baltimore	yrs., mos.,	or days 55 yrs.	(e) If foreign born,	how long in U.S.	A.? 55	years
FULL NAME	Anna Ry	bicka		\$ I	MEDICAL CERTI	FICATION	
If veteran, nan	ne war	3 (c) No.	Social Security Account	TO OF DEAT	11 Hor. 22	1931.	at 6 C.M
ale W	lite	divorceu.	le, married, widowed, or Married		ath occurred on the Mor. 16 19		
Name of hush	oand or wife	0 11 0		Immediate cause of d	t Genth Jh	lui Bla	Duration Arme
inh date of dec	ensed mo.,	day, yr	Unknown	Melignan	some jake	and the same	2/11
GE: Years 67		Days	If less than one day	Due to			
Usual Occupat	ion	None		Due to Other Conditions			PHYSICIAN
12. Name 111		atkows We	ki st Prussia	Major findings:	Question or of of	Legentinen.	Underline the cause to whice death should be charged scattle
14. Maiden Na	me	Unknow	n	Of musoney			
15. Birthplace		Unknow		22. If death was	due to external car	uses, fill in the fe	ollowing:
a Informant b Address a Burial cree c Cemetery Location	502 S nation, or rem	b Date	ngton Street  thereof 1/25/39  Corany  Till Roll	(b) Date of occurrence (c) Where did in (d) Did injury of place?	(City occur) (City occur about home, of specify type of place)	(Cou	place, in pub
a Funeral of Address 24	lirector M	7. S	ten ore	(e) Means of ir 23. Signature Address 2 4		9. The	igned Nor. 23

3	4	B	Registered	No.	
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	- HEHAL BEEINENCE OF DECEASED.		
LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
Baltimore City, Maryland	(a) State 11d • (b) County		
Street address 4940 Eastern Ave.	Rolltim re		
Hospital or institution:	(c) City of the autside city or town limits, write RURAL	and give town)	
Beltimore City Hospitals	723 N. Pruce St.		
Length of stay in hospital or inst. (yrs., mos., or days) a days	(d) Street No (lf rura) give location)		
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year	
) FULL NAME John Witherspoon		V	
b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH November 22 1939		
bes 5. Color or race 6 (a) Single, married, widowed, or	21 Leartify that death occurred on the date above state	d; that lattend-	
Plack divorced. Widowed	ed deceased from how. 14 19.39, to he	M . 7 1 10 74 '	
E 40	and that I last saw home alive on how, 22 19	39.	
b) Name of husband or wife Amalia (dond) 6 (c) If alive, give age years	Immediate cause of death	Duration	
Birth date of deceased mo., day, yr. Tune 70, 1806	answers of the assta	I yem	
16 less shap one day		1. 10	
AGE: Years Months Days If less than one day  43 4 22 hr. min.	n. Due to Ay While	william.	
12 1 Comple			
Sirthplace (Town, county, and state)	Due to.		
Usual Occupation Barber			
Industry or business	Other Conditions	DUVELCIAN	
12. Name John Witherspoon (d)	(Include pregnancy within 3 months of death)	PHYSICIAN	
13. Birthplace Calif.	Major findings:	Underline the	
Person Carlle (dead)	Of operations	death should be	
14. Maiden Name	Of autopsy hat dum.	charged statis- tically.	
15, Birthplace S. C.	22. If death was due to external causes, fill in the fo		
a Informant	(a) Accident, suicide, or homicide		
h Address Balto. City Bosoi zals	- A Day of economics		
Enrial b Date thereof Mov 26 3	Where did injury occur?		
(Burial, cremation, or removal) f (month) (day) (year	ICHAOLIOMI) (COG	unty) (State)	
Cemetery or crematory M Calvary	(d) Did injury occur about home, on farm, industrial	rk?	
Location Q. Q. G. Co.	place? While at wo		
a Funeral director am 17%. Ocase ton	(e) Means of injury		
1.34 M. Julmor	23. Signature T MWaglebyen	M. D.	
(b) Address		igned 11-24-39	
(a) (Date rec'd by registrar)	Address Julie Spring Date		

### F 63204

### CERTIFICATE OF DEATH

F 63204

	THE PARTY OF THE P	
ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland & 2, elina M	(a) State (b) County	
street address & 2, cum	(c) Cyty or fown Buttons (If outside city or town limits, write RUR	
1 1 - Andready mm :	(If outside city or town limits, write RUR	AL and give town)
	Street No. 8 21 Chura At	
ength of stay in hospital or inst. (yrs., mos., or days)		years
ength of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FULL NAME bernon my che		
Account	MEDICAL CERTIFICATION	
No. 2/7-09-1883	20. DATE OF DEATH //- 20 - 193	
5. Color or race 6 12 Single, married, widowed, or	21. HIEREBY CERTIFY, That I took charge of the	remaina described
wale Cof. divorced broken	above, held an Autopay or Inquiry) thereon and f	rom the evidence
	find that sa	id deceased came
Name of husband or wife 6 c If alive, give age year	(Autophy or Inquiry)	
, 11	98 to lus death on the day stated above.	D .:
in a contract of the contract	Immediate cause of death Coronery accessor	Duration
GE: Years Months Days Ir less than one day		
Birthplace Town, county, and state)	& s arborselon	
Birthplace Toro (1915 and state)	Due to Generaly & actions elon	
( h	De browler higherti	
Unual Occupation Undustry or business		
Industry of Ossilies	Other Conditions Congreter brocerae	-
12 Name		PHYSICIAN
13 Birthplace	(Include pregnancy within 3 months of death)	Under ine th
14 Maiden Name	Major findings: Of operations	cause to which
15. Birthplace		death should charged stati
Que de la landelle	Of autopey as above	tically
(a) Informant Alaco	22. If death was due to external causes, fill in th	e following
(b) Address 8 21 Chin 80	6 (a Accident, suicide, or homicide	
(a) Date thereof 11 24 / 2 (month) (day) (yes	1 De el constrence	+
Thursday, ere managed of Francisco	(City or t. wn)	County) (State
(c) Cemetery or crematory	d Did injury occur about home, on farm, indust	rial place, in pub
Location Baltim	While at	work?
Funeral director Jamah 19 Tom Do	(Specify type of place)  (c) Means of injury	
Address 1016 monty own	23 Signature African	M.
14 1111	Date signed //- 20-39 Medical Earl	miner
Will alla misstrar	Date signed '1	

63205HEALTH DEPARTMENT—CITY OF BALTIMORE 3205 CERTIFICATE OF DEATH Registered No..... (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. Umisa & My 100 & pulal mon Zda. How long in U. S. If of foreign birth? yra. mon da. enath of residence in city or town where death occurred.....yra. Baty girl PEHit specify WAR (a) Residence: No. Univer Sity Hospital 516 St. 19 (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) NOV. 10 5. Single, Married, Widowed, I HEREBY CERTIFY, That I attended deceased from 4. Color or Race or Divorced (write the word) NOV. 14 1939 to NOV. 10 new form em, rle I last naw h. N. alive on NGV. 10 , 19.39 Death is said If narried widowed, or divorced to have occurred on the date stated above, at 1230 pam. HI SHAND of (or) WIFE of No V. 14,1934 The principal cause of death and related causes of DATE OF BIRTH (month, day, year) Delp of enest If LESS than - First Trop Months Prema funition Yeare 1 day ......hra. Julia - cramial hem on topy ? or .min. b. I rade, profession, or particular tind of work done, as apinner, sawyer, bookkeeper, etc ... a t slustry or business in which Other courributory causes of importance; work was done, as sith mill, one mill, bank, etc. 11. Total time (years) to. Date deceased last worked at spent in this this organition (month and occupation 3 PHILE | RIRTHPLACE (city or town) Ballin ov, MS no Wee an operation performed?..... (State or country) for what disease or injury? 13. NAME Edward Conway What test confirmed diagnosis?... Was there an autopsy? 455

23. If death was due to external causes (violence) fill in also the fol-Name of operation 16. BIRTHPLACE (elty or town) East. Show, Va. (State or country) 13. MAIDEN NAME CHIATA Ringgold 16. HIRTHILACE (city or town) Bolto., Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public (State or country) INFORMANT QUITA Ringgold place Book, mid. Manner of injury BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? INDIRTAKER 1.61 4-1 Registrar. 1 22 7 30

ength of stay in hospital or unst. (yes., mos., or days) 5/444  EPULL NAME    If veteran, name wet							
State    County   County	-	3206	ARTMENT 46 B Registered No.	TY HEALTH DEP	BALTIMORE C CERTIFI	6	632
compital or institution:  (c) City of town of or town limits, write RURAL and give to the original or institution:  (d) If foreign born, how long in U. S. A.?  (e) If foreign born, how long in U. S. A.?  (f) If foreign born, how long in U. S. A.?  (f) If foreign born, how long in U. S. A.?  (g) If foreign born, how long in U. S.			Colorado	Z. USUAL P			
ength of stay in hospital or inst. (yrs., mos., or days) 14440  ength of stay in hospital or inst. (yrs., mos., or days) 14440  ength of stay in Baltimore (yrs., mos., or days) 5 years  FULL NAME  FULL NAME  1	wal	d salara terwith	(h) County	(u) State		Maryland	E OF DEAT
ength of stay in hospital or inst. (yrs., mos., or days)  FULL NAME  FULL NAME  If veteran, name war	,	A	(If outside city or town limits, write RURAL No. 11 - 11 rural give location)	1,6	Casp :		epital or in
Social Security Account   No. 2 / Social Security Hadden Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the date above stated; that lat   Accounted the Accounted on the Accounted on the Accounted the Account	ears	year			inst. (yrs., mos., or days) a	n hospital or in	
No. 2   Solor or race   Solor	М.	8:49		count	rothus 3	4	FULL NAME
5. Color or race of (a) Single, married, widowed or divorced.  Authorized.  Name of husband or wife fill alive, give age years of the last saw hold alive on	tend-	atated: that latten	OF DEATH	2538 29. DATE	No 2/ (-/0-	me wat	f veteran,
Birth date of deceased mo., day, yr. Nov. 20 1888  GE: Years Months Days If less than one day hr. min, hr. Due to Cocupation (Townscaperate), and state the properties of the		11/2   19.3° 19.39.	by that death occurred on 10 20 to 11	wedgor 21. I cent	6 (a) Single, married, wid	Color or race 6	n. 5
Due to    Due to   Days   If less than one day   Due to		وود	-astric harmorrhag	years Immediate	0		
birthplace  Batturnia  (Townsequenty, and state)  Usual Occupation  Include pregnancy within 3 months of death)  Under Conditions  Under Conditions  Under Conditions  Under Conditions  Of autopsy  Of autopsy  22. If death was due to external causes, fill in the following death and the suicide, or homicide  (a) Address  Address  Address  (b) Date thereof menths (day) (year)  (c) Where did injury occur?  (City or town) (County)  Address (c) Where did injury occur?  (c) Where on farm, industrial place, or home, or	-					eceased mo., de	rth date of
Other Conditions  (Include pregnancy within 3 months of death)  (Indeed pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the following death of the conditions  (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur?  (City or town) (County)  (County)  (County)		ach	arcina of stomac	min, Due to	hr.	Months De	
Major findings: Of operations  Of autopsy  Of autopsy  22. If death was due to external causes, fill in the following  (a) Informant (b) Address (b) Date thereof (month) (may)/(year)  (c) Where did injury occur? (City or town) (County)  (County)	SICIAN	PHYSICI		A CONTRACTOR OF THE PARTY OF TH	on Copietos	ation Class	Uoual Occu
Of autopsy  Of autopsy  Of autopsy  Of autopsy  22. If death was due to external causes, fill in the following  (a) Informant (b) Address (b) Date thereof (man) (year)  (c) Where did injury occur? (City or town) (County)  (County)  (County)	to which should b	cause to v	indings:	Major	ngt Braza	Sunha	12. Name
22. If death was due to external causes, fin in the total land of the land of	ed stati	charged stically.			Le Worley	an	
(a) Accident, suicide, or homicide  (b) Address (b) Date of occurrence (c) Where did injury occur? (City or town) (County)  (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (County)	ğ:	the following:	topsy	of a	tumor & A		
b) Address  b) Date thereof (day) / (year)  c) Where did injury occur?  (City or town) (County)  (County)			ecident, suicide, or homicide	22. It	Josephia Bra	4	
British (City or town) (County) (year) (c) Where did injury occur? (City or town) (County)			ate of occurrence	ange b D	1/Braddish	and the state of t	Street Contract
	in pub	dustrial place, in	here did injury occur? (City or town)	PM (4)	117011111	rial	13
(c) Cemetery or crematory place? (Specify type of place)		at Work?			terror In	ry or crematory	(c) Ceme
Location Danse of injury (e) Means of injury 23. Signature 23. Signature	M. D.	Hasse			horge B. Le		
(a) Funeral director  (b) Address 7-101  (c) Address 7-101  (d) Address 7-101  (e) Address 7-101  (f) Address 7-101  (e) Address 7-101  (f) Address 7-101  (f) Address 7-101	11/2	Date signed 1/	md. Le Hop. Dar	23.	E in the se		
(a) Date rec d by registrar! Registrary   Address				Begintrany    Add	the total	9	(a)

VS 3

HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... (lf death occurred in 1. PLACE OF DEATH a hospital or Institution, give its NAME instead CITY OF BALTIMORE: (No. Douth of street and number.) Lada. How long in U. S. If of foreign birth?.....yrs..... mos. \_ da. If I' S Veteran Maryland (If non-resident give city or town and State) (a) Residence: No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) Nov 77, 139 5. Single, Married, Widowed. I DEREMY CERTIFY, That I attended deceased from 4. Color or Race SIX I last saw here alive co to have occurred on the date and above. . 503 Pm. RUSBAND COL WILL OF emorrhage 11-12 DATE OF RIPTH much day your If LESS than Months Yours. 1 day, hra. min. House Duties or particular Linds profession or particular anwyer, book ent. 9. Industry of business in which Other contributor ..... were was done, as silk mill, new mill, bank, etc. 1. Tt m (eas) Date down set but worked at ment in this tide occupation (ment) and Nas an openion performe BIRTHPLACE GREET OF LIBERT (Bute or country) For what disease or injury? Name of prazion IS NAME Was there an automy? What tet confirmed darness? 23. If death was due to external causes (violence) till in also the fil-14. BIPTHPLACE Sett of the (State or country) Accident saicido, or hamis de l' ohuson. IS MAIDL NAME Specify whether is the countries in the try, in home, or in public 16. BIRTHILACE COLY OF LAWS. INFORMANT Savid a Garrich Manner of in un Nature of Inter-24. Was disease or in any way related to compation of decempa; INDERES M. Muo. forlight, -Revistrer. 1111D

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Registered No. 1. PLACE OF DEATH (If death occurred in a hospital or Institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No mos. \_ ds, How iong in U. S. If of foreign birth? ... yrs. mos. \_ ds. Length of residence in city or town where death occurred ... Lyra. Ward. (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) Nov. 23 3. SEX Divorced (write the/word) widowill HEREBY CERTIFY, That I attended deceased from Sa. If marred wid wed, or diverged HI SBAND of (or) WIFE of Jean to have occurred on the date stated above, at & P. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than importance were as follows: Months 7, AGE Years I day, hrs. m.n. a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as siik mil saw mili, hank, etc. 11. Total time (years) 16. Date decensed last worked at spent in this 50 Who this occupation imough and 12. HIRTHPLACE (city or town) (State or country) Was there an autopsy ? 14. BIRTHPLACE (city or town (State or country) Il a death was due to external causes (violence) fill in also the fol-Accident, suicide, or homleide? Date of injury Where did injury occur? 16. BIRTHPLACE (city on (Specify city or town, county, and State) (State or country) Specify whether injury occurred in Industry, In home, or in public Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. INDERTAKER

Registrar

Registered NG3209

53200	THE DECEMBER.	
	2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:  Iltimore City, Maryland	(a) State Maryland (b) County	
reet address 1126 Homewood Aven	Doltimore	
ospital or institution:	(c) City or town Dal Clinol C	IKAL and give town)
	If Street No. 1126 Homewood Av.	enue
the first form and or day	ve)	
ength of stay in hospital or inst. (yrs., mos., or day	fetime (e) If foreign born, how long in U. S. A.?	years
ength of stay in hospital or inst. (yrs., mos., or days)		
FULL NAME NELLIE M. KEL	TV	N
2 (a) Social Secur	rity Account MEDICAL CERTIFICATION	39 SA
If veteran, name war	AL DE DEATH	, at ( M
6 (a) Single, married,	1 1 1-44 0 0 0 10	etated: Illet I deterior-
divorced. "onni	3 10	
male   Willow   Tohn I Kel		
Name of husband of his dive give and	e years medial come al fath	Duration
Tune 21	1866 Inmedial come strategy	1042
orth date of deceased (mo., day, yr.) June 21	with	1
GE: Years Months Days	- Chicken Co	1 7
10	Chr. Hepleriles	
arthplace Baltimore, Md.  At Home Bunty, and state	Due to Chr. Heplerites  Due to Chr. Heplerites  Other Conditions  Due to Chr. Heplerites	1. 17000
Usual Occupation	acute Cystal	->
Industry or business	Other Conditions 2	PHYSICIAN
	(Include pregnancy within 3 months of death)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
12. Name Peter Kelly Treland	Major findings:	cause to whice
13. Birthplace	Of operations	death should be charged stati
14. Maiden Name Ellen Curley Ireland	Of autopsy	tically.
15 Berbulace	22. If death was due to external causes, fill in	the following:
John J. Melly	(a) Accident, suicide, or homicide	
b) Address	OP /20 (b) Date of occurrence	***
Burial LD description	(a) Where did injury occur.	(County) (State
(mon	nin) (day)	dustrial place, in pub
(c) Cemetery or crematory Cathedral	While	at work?
Location 20 3 Sans	(Specify type of place)	04
a) Funeral direct Olar of Way	(e) Meana of injustification	1. Jua
TIXEN, MALICONAK	23. Signature Con Alle	Date signal ///
b) Address A.G.	Recipitate Address 10 & Practice	Date signed [1]24
(Date ne'd by resistrat)	ualle, al	

F 63210 Registered No.

		CERTIFIC		DEATT			
				JAL RESIDENCE OF			
CE OF DEATH: httmore City, h reet address ospital or instit	Maryland 238	S. Ann St	(c) C	treet No. 238	(b) County  Altimore  city or town limits, v  S. Ann St	vrite RURAL s	ind give town)
ength of stay it	hospital or Baltimore	inst. (yrs., mos., or days) yrs., mos., or days) 45			w long in U. S. A.?		yean
FULL NAME	hn Paw		ccount	MEI	DICAL CERTIFIC	ATION	. 11 AM
If veteran, nar	ne war	No. None	20. I	ATE OF DEATH	Nov. 22	- Laura states	l-that luttend-
	white	6 (a) Single, married, wido divorced arried	ed d		occurred on the date	/ 10	
Name of hus	band or wife	Michalina Pawl 6 (c) If alive, give age	years Imm		Cerus		2 yro
rth date of dec	reased mo,	day, yi	381 day	1	1. Possel	Dio.	sin
	Months	Days If less than one hr.	min. Du	enCart			avec
irthplace Unual Occupa Industry or bu	tion L	oland (Tewn, county, and state) aborer	0	her Conditions	eltima		PHYSICIAN
	Mich	ael Pawlak		Include pregna	ncy within 3 months of	of death)	Underline t
12. Name		Poland		ajor findings: Of operations			cause to whi jeath should
13. Birthplace		Unk.		o, operation			charged stat
<ol> <li>Maiden N</li> <li>Birthplace</li> </ol>		Poland		Of autopsy	e to external cause	s, fill in the f	•
(a) Informan	Micha	lina Pawlak S. Ann St.	((	a) Accident, suicide b) Date of occurre	de, or homicide		
a Puri	or cremator	st. Stanisl		c) Where did inju d) Did injury occu place?	city or about home, on fa	town) (Con arm, industria While at wo	unty) (State al place, in pub ork?
Location  a) Funeral	direct	ed W. O. Fastern Ave	ustei	e) Means of injure	Chas.	noel	11/21.29
(t) Address	Lin Arbertari	b)	reigrat P.	Address & A	ont//as	Date s	iddep 6

### CERTIFICATE OF DEATH

Respered 3211

ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State and (b) County	
street address	(c) City or town (d) (iff out ide city or town limits, write RUR)	
Lepital or institution.	(f) City or town (if out ide city or town limits, write RUR)	(I, and give town)
Baltimore City Hospital	sulfine to 4905 arabian a	lane.
ength of st y n hospital or inst. (yrs., mos., nr days)		
ength of stay in Baltimore (yrs. mos., or days)	(e) If foreign born, how long in U. S. A.?	years
FULL NAME HAPPYE. BURGA	<b>N</b>	
If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH Kovember 23 193	7 7 55 M
No. 212-14-9577	20. DATE OF DEATH November 23 192	, at so in
5. Color or race 6 a Single, married, widowed, or divorced 20	21. IHEREBY CERTIFY, That Itook charge of the re	emains described
	above, held an (Autopsy of Inquir) thereon and fr	om me evidence
Name of husband or wife Edma II. (Jenos	I am I have a autobra find that said	I deceased came
() () It alive, give age	to Aug death on the day stated above	
in date of deceased ino, day, yr 4/24/1878		Duration
or V - Months Dave It less than one day	Immediate cause of death	Duranou
6/ 29 min	gracine struct	
15 allo Md W	middle force	
arthplace	Due to	
Usual Occupation Night Ilaten inau		
Industry or husinesself aller. Coll Co.	Due to	
Industry of businesse, 4//	0.1 0 115	
12 Name Varnes & Burgan	Other Conditions	
13 Phyliniace . 2011/2/14	(include) regnan y within a month of death	PHYSICIAN
14 Manden Name Sarah M. (Faulkner	Major findings:	t'nderline th
14 Maiden Name	Of operations	death hould be
15. Birthplace 13alle My		charged statis
Muth 5. Jurger	Of autopsy alone	tically
Address of 905 - Grabia Ave	22. If death was due to external causes, fill in the	tollowing
1/12/20	A - dent avoide or homicide	diam
Burial b Date thereof 1/27/39 (year	b Date of occurrence	2111111
3 liviers	(c) Where did injury occur) Phylodolphia	cunty) Astat
Location Dorth Ar w 110se St.	1) A mary occur about home, on farm, industri	ial place, in public
Location ) or 1 x /11 V / 1 350 51		vork? has
(a) Funeral director (2009) . / Postthe me	(e) Means of injury 2 runk turned over	on deal and
Address 735 - Amyord Am -	23. Signature 7 d. Z. Wallen	eler MI
(h) Address 733 - John M.D.	23. Signature Medical Exam	100 T
(1) Address of the register of the town Williams Rougherns	Date signed 4~ 2 9 14, 1535	
Make to 1188 to Block at 1		

/ B F 63212

SETTIFICATE  CERTIFICATE	E OF DEATH Registered No.	•
ACE OF DEATH: altimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State Md (b) Coupty	
1340 Eulaus Vicul	(a) State	
treet address A	(c) City or town	L and give town)
loepital or institution:	Street No. 2340 Culaw (1)	w
ength of stay in hospital or inst. (ym., mos., or days)	( If foreign born, how long in U. S. A.?	yeare
ength of stay in Baltimore (yrs., mos., or days)		
FULL NAME Fagar Dodmin	MEDICAL CERTIFICATION	
If veteran, name war   3 (c) Social Security Account No.	20 DATE OF DEATH PAN 23 1939	9. at 11 7 M
Tale 15. Color of rate 6 (a) Single, married, widowed, or ale While divorced. Wedowed	21. I certify that death occurred on the date above stated deceased from 100 - 12 1987, to 100 and that I last saw hills alive on Nov - 23	- 400 124 .
Name of husband or wife Elliss 6 in If alive, give age years	1	Duration 4/2 House
irth date of deceased (mo., day, yr.) Nov 5 1856	11.	101
GE: Years Months Days If less than one day hr. min.	Die to Pysletus and crefitio	1) Loy
hethplace Strond Cs.  Usual Occupation Petrud  Usual Occupation Petrud	der dies of the years	_
	Other Conditions	
Industry or business		PHYSICIAN
12. Name aliver Brown Jones	(Include pregnancy within 3 months of death)	Underline th
Manual W/	Major findings:	cause to which
13. Birthplace	of operations	death should I
14 Maiden Name Mary Jane 1011	04	tically.
15. Birthplace Saltamer.	Of autopsy  22. If death was due to external causes, fill in the	
ma Killiam Will	22. If death was due to external causes, in in the	
a Informant of the way to the state of the s	(a) Accident, vuicide, or homicide	
b Address 1341 b Date thereof Nort 16	(b) Date of occurrence (c) Where did injury occur? (Cits or town)	
(Ifurial, cremation, or removal) (nouth) iday) (year	(d) Did injury occur about home, on farm, industri	iounty) (State)
(c) Cemetery or cremetory with the	While at w	vork?
Location Patternal had	place? (Specify type of place)	
a) Funeral director full again the substitute of	Means of injury Filson Porler	
& Address / Joseph + Fransylvania	23. Signature M. Robert Com Date	signed / Aydy
(a) (Date rec'd by registrar) Registrar	Address 4822 Roques Com Date	

# 48549-F. BALTIMORE CITY HEALTH DEPARTMENT

,	CERTIFICATE		3213
3213		2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:		1/A 11 C	
ltimore City, Maryland		(a) State	
eet address	OTH AVC.	(c) City or town (iff outside city or town limits, write RURAI	, and give town)
epital or institution:		(If outside city or town in the city of AVE	
morta, City Houp.	1018	(y) Street No. 407 S. Ellwood Ave.	
	and days Own 25 A	(e) If foreign born, how long in U. S. A.?	yeare
ngth of stay in Baltimore			
FULL NAME	Margaret Perlich	MEDICAL CERTIFICATION	2 *
If veteran, name war	No. none	11-23 1937	P. N. A.M
no	6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	ed; that lattend-
	divorced.	1 2 10 1	
omele White	2 AND A	and that I last saw h ( C slive on // 2 1	
at Chushand or wife	/ Maline give age years		Duration 2
	P (C) II SHAC' KIAC -FC	Pakasana Breat William	- 44
rth date of deceased mo. d	lay, yr.) 10-1-1860	metostaria	member
E: Years   Months D	ays If less than one day	Due to	
	hr. min.	Due to	
Sweet Air,	Town, equally, and state)	Due to	
Jeual Occupation	At. Home	Other Conditions Monle	-
advetry or business	- Marie and American Control of the		PHYSICIAN
	Herman Perlich	(Include pregnancy within 3 months of death)	tinderline th
12. Name	Germany	Major findings: Of operations	cause to whic
13 Birthplace	N. C. Bahan	Of operations	ha ged stat
14. Maiden Name Caro	Time Weber Germany	Of autopsy No	pically.
or Distribute		22. If death was due to external causes, fill in the	following:
T	R.C.H. Records	(a) Accident, suicide, or homicide	
a Informant		(a) Accident, suicide, or many	
(b) Address	25 19	39 (b) Date of occurrence	Country (State)
a Eurial. Gurial, or remo	(b) Date thereof OV. 25. 12 (month) (day) (yes	Did injury occur about home, on farm, indust	rial place, in pub
(c) Cemetery or crematory	L. Carner Com	A Disc at	work?
Lacation Baltin.	ore stay to during	place?(Specify type of place)	
FENRY SANDA	R & SUNS. 100.	(e) Means of injuny	
a Funeral director	ore St. & broadway.	22 Clarature of the district of the	M. D.
b) Address 521611	it a to Millione	Address Bulleto Coty Horf Date	signed/ 13
all the	Registrat	Address	

F DEATH	CERTIFICATE OF DEATH  Registration Dist. No.	214
a Lia Boy? Md.	24	Ward
	No. 1510 Elmtree St. St., death occurred in a hospital or institution, give its NAME instead of street and it death occurred by the street and it death occurred by the street and its str	number)
	. Usur long to II S. IT Of foreign out.	05.
idence in city or town where death occurred yrs mos.		
	11 U. S. Veteran, specify WAR.	
ME Mary B. Polak	St. Ward. If nonresident give city or town and	Seate
nce No. 1510 Elmtree St. (Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	
NAL AND STATISTICAL PARTICULARS		9
4 COLOR OR RACE S. SINGLE, MARKETS, WINDOWS OR DIVORCED (warte the word)	21. DATE OF DEATH (Month) (Day)	(Year)
le white   married	1 HEREBY CERTIFY. That I attende	d daceased from
owed, or divorced	22. HEREBY 29 Nov 2	19 39
Joseph Polak	nor 21 193	death is said
Ob 2 7/8/	flast saw h. W alive on 1/D, 300m	
H month day and year)  Days  11 LESS than	to have occurred on the date stated above, at 10° 500 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	1
Years Months I day, her	S. The PRINCIPAL CAUSE OF DEATH	Data at enset
O 67 mm.	Do Al louis	
ofession, or particular of work done as SPINNER, housewife at home of work done as SPINNER, housewife at home	ne Jumoury yath	
AFK BOOKHELL	July confers	700 / S
or business in which was done as SILK MILL.	est otherspaces	750
MILL, BANK, etc     11 Total time (years)		
occupation (month and occupation	Other Contributory Causes of importance:	
Czeckoslovakia	Hypertension	How! 9
CZECKOSTOVCKI	Ay Duleusien	
(city or town) CZCCAOALO		
country)		4
	Date	of
	Name of operation	of an autopay? 26
	Name of operation	of an autopsy? 26
Ju Roska slovaki	Name of operation	of an autopsy? 26
Jus Roska Slovaki ACE (city of town) Cycki Slovaki 1 01 country)  NAME Erickerslovaki	Name of operation  What test confirmed diagnosis? Close Was there  Was there  Was there  Was there  Was there  Accident, suicide, or homicide?  Date of injury	J State)
fre Roska Sloraki	Name of operation  What test confirmed diagnosis? Close Was there  Was there  Was there  Was there  Was there  Accident, suicide, or homicide?  Date of injury	J State)
ACE (city or town)  NAME Eric Cycler Slovater  ACE (city or town)	Name of operation  What test confirmed diagnosis? Chrock Was there  23. If death was due to external causes (VIOLENCE) fill in also the foll  Accident, suicide, or homicide?  Date of injury	J State)
Jul Roska ACE (city or town) Cycle Slovaki MAME Eric Cycle Slovaki ACE (city or town) Cycle discharge	Name of operation  What test confirmed diagnosis?  Was there  Concerns the policy of the p	J State)
ACE (city or town)  NAME Eric Cycler Slovater  ACE (city or town)	Name of operation  What test confirmed diagnosis? Curve Was there  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county as  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBL  Manner of injury	J State)
ACE (city or town)  NAME Eric Cycler Slovater  ACE (city or town)	Name of operation  What test confirmed diagnosis? Church Was there  23. If death was due to external causes (VIOLENCE) fill in also the foll  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county as  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL  Manner of injury  Nature of injury	ad State) IC PLACE.
ACE (city or town)  NAME Eric Cycler Slovater  ACE (city or town)	Name of operation  What test confirmed diagnosis?  Was there  23. If death was due to external causes (VIOL ENCE) fill in also the foll  Accident, suicide, or homicide?  Where did injury occur?  Specify city or town, county as  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceas	ad State) IC PLACE.
ACE (city or town)  NAME Eric Cycler Slovater  ACE (city or town)	Name of operation  What test confirmed diagnosis? Church Was there  23. If death was due to external causes (VIOLENCE) fill in also the foll  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county as  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL  Manner of injury  Nature of injury	ad State) IC PLACE.
ACE (CHY OF TOWN) Crycke Slovake  ACE (CHY OF TOWN) Crycke Slovake  MATION OF REMOVAL Note Cross Committy  Husband  Mation of Removal Note Cross Committee  Burial Joseph E. Schimunek.	Name of operation  What test confirmed diagnosis?  Was there  23. If death was due to external causes (VIOL ENCE) fill in also the foll  Accident, suicide, or homicide?  Where did injury occur?  Specify city or town, county as  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceas	ad State) IC PLACE.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63215

17-8 Registered No.

CERTIFICATE	
	2. USUAL RESIDENCE OF DECEASED:
E OF DEATH:	(a) State Md (b) County Bolto.
timore City, Maryland	a) State /// County
eet address	(c) City or town Baltimore (if outside city or town limits, write RURAL and give town)
	(If outside city of town inner.
TOTAL ROLLING BOST HALL	Street No. 768 Mc He N 184 St.
ngth of stay in hospital or inst. yrs., mos., or days	years Landing in U.S.A? 40 years
ngth of stay in hospital	(e) If foreign born, how long in U. S. A.? 40 years
ngth of atay in Baltimore (yrs., mos., or days)	
ULL NAME  M. He Akelatis  Social Security Account	OF DETICATION
3 C Social Security Account	MEDICAL CERTIFICATION
veteran, name war	20. DATE OF DEATH //- 2/- 1939, at 73 apM
· 1 · 1-wed or	- I i - I - I - I - I - I - I - I - I -
11.1 divorced. 1/12 R 12 . e.d	1/ 3-7/ 1937.10//- 2/
le White District	
il whend or wife PauliAle AReleurs	Derailos
0 () 11	me Itisle abdomment aveling
th date of deceased mo, day, yr 8-19-82	Distate last autoliviana
F. Years Months Days If leas than one.	absertages 4 Trungality
57 hr. min.	secondar to be to be acced
1. the Nid	Duranteso domal, with
	E - va had myle.
Jeual Occupation TsiloR	C. Inima Art Control
ndustry or business	Cheric bronshilis & employees PHYSICIAN (Include pregnancy within 3 menths of death)
2. Name Joseph Akelatis	Major findinga:
	Major findinga: Of operationa Of operationa  Major findinga:  Of operationa
3. Birchplace Litts	formed. charged state
4 Maiden Name Margaret	tically
15. Buthplace	22. If death was due to external causes, fill in the following:
a Informant Records	(a) Accident, suicide, or homicide
b) Address	(a) Accountence
b Date thereof 11/25 30	9
(Burial, cremation, or removal)	(c) Where did injury occur (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in pul
	(d) Did injury occur about nome, on talk
(c) Cemetery or crematory Plots (Constant)	place? (Specify type of place)
Location 170 pl h Key have	(c) Means of injury
a) Funeral director Chas D. Rhed	23. Signature Marous M. D.
by Address 637. Warkington 13	D. Signed V. A. Marke signed V. A.
6) Thurtington Welliams	Addrey Mus Volume
(Date reg Appregistrar)	
vs 3 1930	

### HEALTH DEPARTMENT-CITY OF BALTIMORE

63216	, I amed	TE OF DEATH J FREGISTER 63216
ITY OF BALTIMORE: (No	Land & Ruth	Sta Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ength of residence in city or town wi	. 1/2 - 4	mos. How long in U. S. If of foreign birth? (10 yrs. 1904 16 U. S. Veteran specify WAR
(a) Pacidanae: No. 13.	) & Becaron S	(If non-resident sive city or town and State)
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
I. Character I	5. Sine , Married, Widowed, or Divorce (write the ord)	21. DATE OF DEATH (month, day, year) // - 2 × . 19 39
If married, withouses or divorced BUSHAND of (or) WIFE of	Gno	11-23, 19.39, to 11-2 E 19.39  I last mw he T alive on 11-2 F 19.39 Death is said to have occurred on the date stated above, at 1.299m.
DATE OF BERTH (month, day, year) AGE Years Months	Ibaya If LESS than I day bra	The principal cause of death and related enuses of importance were as follows
8. Trade profession, or particular kind of work done, as spinner, sawjer, biokkeeper, etc	11. Total time (years) spent in this cocupation	Other contributory france of importance.  Archite wellite well.
State or country)	a	Was an operation performed! — Dute of — — — — — — — — — — — — — — — — — —
16. BIRTHPLACE (du mai) (State or country)	ia	What test confirmed diagnosis? Was there an autopay?
15. MAIDEN NAME Daugh	The state of the	Accident, suicide, or homicide? Date of injuty:
State or country)	rusa Kusa	Specify whether injury occurred in industry, in home, or in public
INFORMANT 1308	wn st.	Manner of injury
BURIAL CARYATION OR REMO	Date 11-24-39	Nature of injury  24. Was disease or injury in any way related to accupation of deceased?
INDERTAKER Jack &	eura enc	24. Was disease or injury in any any realist of the In.
1039 24 1939 tut	higten Milliante 18	(AART Simi Hospital

## CERTIFICATE OF DEATH

# Registered NG3217

Hospital or institution  St. Agris 7 Institute  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs. mos., or days)  Length of stay in Baltimore (yrs. mos., or days)  FULL NAME GEORGE ARCHIBAULD STEAMER. STUAR  MEDICAL CERTIFICATION  No.  Sex 5. Color or race 6 (a) Single, married, widowed, or divorced with the remains december of the remains decem	years
Hospital or institution:  At. Agree Mospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME GEORGE ARCHIBAULD  MEDICAL CERTIFICATION  No.  Sex 5. Color or race 6 (a) Single, married, widowed, or divorced with a stay in divorced with a stay in days (c) City or town Month of the policy or town limits, write RURAL and give location (If outside sity or town limits, write RURAL and give location)  (a) Street No. 4723 (crumburly Carrelled Street No. 4723 (c) If rural give location)  (b) If oreign born, how long in U. S. A.?  MEDICAL CERTIFICATION  20. DATE OF DEATH horsendar 2 4449 37, at 1.  21. IHEREBY CERTIFY, That Itook charge of the remains decreased above, held an angulary thereon and from the events of the stay of the remains decreased above, held an angulary thereon and from the events of the stay of the remains decreased above, held an angulary thereon and from the events of the stay of the remains decreased above, held an angulary thereon and from the events of the remains decreased above.	years
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or i	years
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in Baltimore (yrs. mos. or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or i	years
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs. mos., or days)  Length of stay in Baltimore (yrs. mos., or days)  Length of stay in Baltimore (yrs. mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length o	30 cribed
Length of stay in Baltimore (yra mos or days)  Length of stay in Baltimore (yra mos or days)  FULL NAME GEORGE ARCHIBAULD STEMAT. STUAR  By If veteran, name was a count of social Security Account No.  Sex 5. Color or race 6 (a) Simple, married, widowed, or divorced widowed, or divorced widowed, or divorced widowed, or above, held an anguing thereon and from the events of the stay in Baltimore (yra mos or days)  [6] If foreign born, how long in U. S. A.?  [7] MEDICAL CERTIFICATION  20. DATE OF DEATH howeneds 2 4449 37, at 1.	30 cribed
FULL NAME GEORGE ARCHIBAULD STEART. STUAR  b) If veteran, name was  No.  Sex 5. Color or race 6 12 Simple, married, widowed, or divorced widowed, or divorced widowed, or above, held an anguing thereon and from the events.	30 cribed
MEDICAL CERTIFICATION  3 (c Social Security Account  No.  20. DATE OF DEATH horsends 2 4419 37, at 1  21. HEREBY CERTIFY, That I took charge of the remains decount divorced 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30 cribed
MEDICAL CERTIFICATION  3 (c Social Security Account  No.  20. DATE OF DEATH horsends 2 4419 37, at 1  21. HEREBY CERTIFY, That I took charge of the remains decount divorced 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30 cribed
Sex 5. Color or race 6 (a) Simple, married, widowed, or divorced with the second above, held an inquiry thereon and from the events of the second and the second and the second above, held an inquiry thereon and from the events of the second and t	ecribed
Sex 5. Color or race 6 1 Single, married, widowed, or divorced 2000 above, held an angulary thereon and from the ev	ecribed
above, held an Anguing thereon and from the ev	
	idence
Name of husband or wy aura M. Sharton obtained by said (Autop) or Inques	d came
to death on the day statest above	
	ation
AGE: Years Months Days If less than one day Carriery occlusion	
37 4 2 61	
Birthplace Bolisis, Joffers Med Va Due to	
Usual Occupation Brokena Brokena Due to	
Industry or humbers	
12 Name Geo a. Stuart Other Conditions	
	SICIAN
13. Birthplace MAY VS (Include pregnancy within 3 months of death) PHY	11 45
in the state of th	rline th
death:	should be
	ed statis-
tically	
(a) Informant 13. 2. (Out)  22. If death was due to external causes, fill in the following	
Address Address 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes, fill in the following 22. If death was due to external causes and a supplied a cause 22. If death was due to external causes and a supplied a cause 22. If death was due to external causes and a supplied a cause 22. If death was due to external causes and a supplied a cause 22. If death was due to external causes 22. If dea	
Address Date thereof Mr. 26.39 (a) Accident, suicide, or homicide  (b) Date thereof Mr. 26.39 (b) Date of occurrence	
Date thereof (minth) (day) (year)  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	p .
22. If death was due to external causes, fill in the following  Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (County)	(State
22. If death was due to external causes, fill in the following  Accident, suicide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in place?  While at work?	(State
22. If death was due to external causes, fill in the following  Accident, suicide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farin, industrial place, in place?  (Specify type of place)	(State
22. If death was due to external causes, fill in the following  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farin, industrial place, in place?  While at work?	(State

## CERTIFICATE OF DEATH

Registered No.

F 63218

	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:	(a) State Md (b) County	
Baltimore City, Maryland	(a) State (b) County	
street address	(c) City or town Salto	
1 1 - A 1 - A CONTROL OF	(c) City or town (If a taide city or town limit, write RURAL and giv	e town)
St. Josephs Hosp.	ANSweet No. 33330 Richmond &	
2.3	of Street No. (If rural give location)	
ength of stay in hospital or inst. (yrs., mos., or days) 23	O	years
ength of stay in Beltimore yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	=
A		
FULL NAME Benjamin & Snavely		
2 C I C Account	MEDICAL CERTIFICATION	. a
lf veteran, name war No. 164-01-8348	20. DATE OF DEATH 11: 23. 39 19 .at 9:	15 M
a: 1 and and award m	that it is the date showe stated; that	attend-
5. Color or race 6 a Single, married, widowed, or	11.22. 1939 10 11 23.	193 1,
Cale White divorced Widowed	and that I last saw h I'm alive on 11. 23 1939	
Name of husband or wife and on a mary by	and that last saw hir manye on	retion
6 c If alive, give age years	Immediate cause of death	da.
with date of deceased mo., day, yr Aug 22 and 1874	IN CONTRACT	7
GE: Years Months Days If less than one day	Materes mellitus	2
(GE: 1 Cars   Months	The Top is not than old in	2
6.5	a torin rolling the spain processed	-
hirthplace Pa	Due to Chronic nephritis	•
(Town, county, and tage)	Due to Service .	
Unual Occupation Represent		
Usual Occupation Kija ring Kark (Industry or business Aug Manufacturing	Other Conditions	VELCIA N
12. Name Trenny C. Snavsky	(Include pregnancy within 3 months of death)	YSICIAN
12. Name	Major findings:	derline th
13 Birthplace	Of apparations.	to which
14 Maiden Name Jarah Dugan	Total Critical Control of the Contro	should by
14 Maiden Name	Of autopey tical	
15. Birthplace		g:
a Informant Jarah Wall	22. If death was due to external causes, fill in the followin	
bi Address 3,330 Richmond dire	(a) Accident, suicide, or homicide	
Madrem Sport Market	(b) Date of occurrence	
b Date thereof ( wasth (det) (ver	(City or town) (County)	(State)
(Hur al cremation, or removal)	(d) Did injury occur about home, on farm, industrial place,	in publ
Cemetery or crematory	While at work?	
Location (1264 Ct)	place? (Specify type of place)	
	(e) Means of injury	
(a) Funeral director	16 com a Will Attack To Trans	
(b) Address 12 1 1111	23. Signature Strange the Strange Date signed/	M. D.
a Begistrar	Address At yough may Date signed	20
(Date red by registrat) Registrat	Howard Welders M. D.	

F 63219

### CERTIFICATE OF DEATH

Registered No. F 63219

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	Z. OSONE RESIDENCE	
Baltimore City, Maryland	a State b) County	
Street address 2511 Junional UN	a con Tully more	
Hospital or institution:	(c) City or town (from ide city or town limits, write RURAL	and give town)
	12 1 20 11 11 aryona 1	M
Length of stay in hospital or inst. (yrs., mos., or days)	de Street No	
	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	The following months and the same of the s	
FULL NAME	ouse	
elaction formos	MEDICAL CERTIFICATION	Ko
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH / 28 197	112:15 M
No. 10 h		i that lattend
5. Color or race 6 (a) Single, married, widowed, or diversed.	21. I certify that death occurred on the date above stated	25 19.38
un all there ever		34.
Name of husband or wife / w 38 214 2	and that I last saw it	Duration
6 (c) If alive, give age years	Immediate cause of death	Daraces
Birth date of deceased mo, day, yra left 18 1868	acute cardiae decompres ation	, day
GE: Years Months Days If less than one day		0
8/ 5 hr. min.	Due to Artis Nitral removalation	Many 1/2
Just O. aa. Chilud		00
(T. wn, county, and state)	Due to	
Usual Occupation Culn'	Cu Cu titura	
Industry or business	Other Conditions	DUNCICIAN
12. Name In une plane ( douse	Include pregnancy within 3 months of death)	PHYSICIAN
	Major findings:	Underline the
13 Birthplace Collins 120	Of operations	leath should be
14 Maiden Name JT Stoom		tically.
15. Birthplace Salette cared	Of autopsy	
a Informant & ortale / C trust	22. If death was due to external causes, fill in the fo	
1. Address / 2/4 / secondy, most / Hdg	(a) Accident, euicide, or homicide	
the Date thereof " 20 99	(b) Date of occurrence	
Burial cremation, or removal: (month) (day) (year)		
c) Cemetery or crematory Electrical with	d Did injury occur about home, on farm, industrial	place, in public
Location with small 1994	place? (Specify type of place) While at wor	K7
production of the state of the	(e) Means of hipsy, mile who	
a Funeral director A Walt III.	23. Signature Corymportie	
6 Address 14-12-21, that I would be	111 (11)	M. D.
(d) Registrar	Address 2435 May Chu av Date sig	nea

1				
T /	1			
1034	10	Register	1532	20
192		r	りむる	ZU

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
) Baltimore City, Maryland	(a) State ML (b) County	
Street address 323 Broxton Rd	2 01	
Hospital or institution:	(c) City or town (If outside city or town limits, write RUR)	L and give town)
	My Street No. 323 Brog tou Rd	
Length of stay in hospital or inst. (yrs., mos., or days)	ilf rural give location	
Length of stay in Baltimore (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.)	years
a) FULL NAME Charles E. Sole ma	e se	
b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH NOV 2312 1939	at M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	
Male White divoscod Married	ed deceased from May 23 1934 . to nov	23 1939
1) Name of humband or wite Margaret S. Coleman	and that I last saw hun alive on hor. 23	939
6 (c) If alive, give age years	Coronery Thrombous	Duration
Birth date of deceased (mo, day, yr) SCAT 182 1858	Coronery Desombous	6 min
AGE: Years Months Days If less than one day	Due to Serile arteris Deleraio.	
S/ 2 hr. min.	Orrome my occided lician	2
Birthplace Bulto MA	Due to	7
Usual Occupations ed- Cerk		
Industry or business P. R.R.	Other Conditions	
12. Name Voka Q. a. House	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Balts. Med.	Major findings:	Underline the
14. Marden Name Vare Skarne	Of operations	cause to which
	Of autopsy W	charged state-
		tically.
(a) Informant Farold M. House	22. If death was due to external causes, fill in the fo	llowing:
(b) Address 1214 Mereautile Trugt Bldg	(a) Accident, suicide, or homicide  b) Date of occurrence	
(a) Shrial (b) Date thereof (127) 39 (Burial, cremation, or removal) (year)	(c) Where did injury occur?	
Cometery or crematory Freenewater	(City or town) (Cour	
Location Balto med	(d) Did injury occur about home, on farm, industrial place? While at wor	
(a) Funeral director William Cort	(Specify type of place)	
(b) Address 1217 St. Paul J	(e) Means of vyury	
MANY AS 1000 11- 11 1 11/11	23. Signature W. J. Win Jour	, M. D.
When now is nothing him ting for Italy and MI	Address +822 Roland Con Date sign	ned 124, 09
NA A		

HEALTH DEPARTMENT	01
3221 CERTIFICATE	OF DEATH F 63221 REGISTERED NO.
1-PLACE OF DEATH	(If death occurred in a hospital or institu-
ity of BALTIMORE: (No.	tion, give its NAME instead of street and
2-FULL NAME	number.)
(a) RESIDENCE NO. (Usuai place of abode)  (Usuai place of abode)  gth of residence in city or town where death occurred 9rs. mos.	(If non-resident give city or town and State) ds. How long in U. S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARIES  4 Color or Race 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year)  No Vicuber 22
hale Colored married	17 1 HEREBY CEBTLY. That I attended deceased from
If married, widowed, or divorced HUSBAND of (or) WIFE of Te was Tisker	that I last saw h my alive on 11.21 19.37
DATE OF BIRTH (month, day, and year)	and that death occurred, on the date stated above, at 6.20 am.
AGE Years Months Days IF LESS than	
86 - 12 or min.	Muy a arrich
OCCUPATION OF DECEASED	
(a) Trade, profession or particular kind of work	CONTRIBUTORY Devilety + Extraus
(b) General nature of industry, business, or establishment in which employed (or employer)	(Secondary)
(c) Name of employer	(duration)
BIRTHPLACE (city or town) / Liohmond	18 Where was disease contracted
(State or country)	if not at place of death?  Did an operation precede death?  Date of
10 NAME OF FATHER Allians other	Was there an autopsy?
(State or country) we have	What, test confirmed diagnosis? July her M. D
12 MAIDEN NAME OF MOTHER Maa	11/24. 10 34 (Address) 8 25 n. Frenerus a
13 BIRTHPLACE OF MOTHER (city or forn) (State or county) 222	*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)
	19 PLACE OF BURIAL, CRESERVIOR OR Date of Burial
(Address) sack doc	mt. autum Cem. 11/25 10
Pilod JA 19, 10 States to Miles cost M.D. Registrat	20 UNDERTAKER APPRESS UN

### CITY HEALTH DEPARTMENT



		CERTIFICATE	OF DEATH	3222
222		CERTIFICATE	2. USUAL RESIDENCE OF DECEASED:	
E OF DEATH	:		(a) State Maryland (b) County	
imore City,				
et address pital or insti	4040 heb	tern Avenue	(c) City or town Paltimore (If outside city or town limit, write RURA	L and give tewn)
	C ty line is	to is 22 days	Suret No. 948 E. Pratt St.	
wh of stay i	in hospital or in	st. (yrs., mos., or days) / Libin	If foreign born, how long in U. S. A.?	years
gth of stay i	in Baltimore (y)	rs., mos., or days life		
ULL NAME			MEDICAL CERTIFICATION	
	Hoff.	3 (c) Social Security Account	1. 11. 22 1030	9 at 12 30 PM
veteran, na		No.	20. DATE OF DEATH	ted: that lattend
5.0		(a) Single, married, widowed, or divorced. [Sep.)	21. I certify that death occurred on the date above started deceased from march 30 1939, to have	
le	William		and that I last saw h ham alive on how. 22	
Name of hu	aband or wife	Florence 60 years	. V of death	
			Brain tuma (auto externa)	1 year
h date of de	eceased mo., d	ay, yr. 9,4,1877		musa/
E: Years	Mouths	., .	Due to	
62	2	18 hr. min.		
thplace	Balto.,	Town, county, and tate)	Due to	
	ation Compe			
dustry or b	ation		Other Conditions	PHYSICIA
dustry of D	usinese F	off	elnelude pregnancy within 3 months of death)	Underline
2. Name	Henry H		Major findings:	cause to wh
3 Birthplac	6 00 - 2126 200		Of operations / Mam	death should charged ats
4 Maiden	Heli	en Tragerson	Of operations man much	tically.
15. Birthplac	Can your East		22 If Joseb was due to external causes, fill in th	ne following:
	13-2-14	ds	(a) Accident, suicide, or homicide	
(a) Informat	W 7 A	re City Forpitels	(a) Date of occurrence	
h Address	407	b Date thereof Nov . 25/	Where did injury occur?	(County) (Stat
d Bur	mation, or remo	(month) (way)	Dilinium occur about home, on farm, indus	trial place, in pu
Comple	ev or crematory.	75十 自身作品位子	The state of the s	work?
Lambia	O DO DO		place? (Specify type of place)	
Locatio	director X	Up + Feiler INC	(e) Means of injury	_
a Funeral	107	wolfe St.	23. Signature Salto Cy Map Da	M. I.
b Addres	1V 25 19	30 a tor Milians	Address Palto Coy my Da	te signed"
(a)	d by registrar	Registrar	Address	

	ev	
93	Registered	<b>63223</b>
1		いいてんい

		The second secon
LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	0'+
Baltimore City, Maryland	(a) State Mary and (b) County Balto	ely
Street address Cor Maderan End Lenden a	(c) City or town Baltimare	9
	(c) City or town Saute City or town limits, write RURA	L and give town)
Hospital or institution: Maryland General Laspetal	(1) Sweet No. 15 16 South Char	he st
	(d) Succt No. 19 16 Octavion 11f rural give location)	
Length of stay in hespital or inst. (yrs., mos., of days)	Jan 48	years
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	
FULL NAME Mrs Sofhie M 9	eis	
b) If veteran, name war	MEDICAL CERTIFICATION	
No	20. DATE OF DEATH Madenher 1931	. at 720 a M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above state	ed; that lattend-
Temale white divorced widowed	1 decord from 1/AU, 23, 1939, to Kay	24 1939.
V. U.	and that I last saw h C Calive on Nov. 24. 19	939.
b) Name of husband or wife To Liney Jus	. /	Duration
	heart failite	7
Birth date of deceased (mo., day, yr.) Dec 28, 1874		
AGE: Years Months Days If less than one day	n. Due to Chronic myseardites	-
4 64 10 26 hr. mir		
Birthplace Butto Mil	Due to Myser tenence	
(Town, county, and state)	Cardinascuke dire	ck
Usual Occupation at home	Other Conditions	
Industry or business	Other Conditions	PHYSICIAN
12. Name	(Include prognancy within 3 months of death)	PHISICIAN
$\mathcal{N}_{i}$	Major findings:	tinderline the
13 Birthplace	Of operations	death should be
14. Maiden Name Dono Lnow		charged statis-
15. Birthplace Ils mary	Of autopsy	tically.
Vando of office	22. If death was due to external causes, fill in the f	onowing:
1 1 1 1 1	(a) Accident, suicide, or homicide	
0 04 25 94	(b) Date of occurrence	
(a) Date thereof (month) (day) 1 year	(City or town) (Con	unty) (State)
	(d) Did injury occur about home, on farm, industria	I place, in public
(Burial, cremation, or removal)	(d) Did injury occur about nome, on farm, modeling	
(c) Cemetery or crematory Ballo.	while at wo	ork?
(1)	place? (Specify type of place) While at wo	ork?
(c) Cemetery or crematory US allo.	place? While at wo	ork?
Location Butto.  Location Butto.  (a) Funeral director A. Hound Evans.	place? While at wo	fora,
Location Butto.	place? While at wo	fua.

1863 HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. (If death occurred in TTY OF BALTIMORE: (No. 2702 Unchenteroly) I wa 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) elecify WAR 2. FULL NAME Unchentoroly strace Ward. (If min-resident give city or town and State) 002 (a) Residence: No.2 / Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 1939 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed. 4. Color or Race I HEREHY CERTIFY, That I Attended SEX Niel out . 1939 Heath in mid If emerical withought, or diverses I last now her affects to have occurred on the date stated above, at 9 HI SHAND of drows Lin tor ) W 1 + 10 of The principal cause of death and related causes of DATE OF BIRTH (month, day, year) (C) Date of enest If LESS than Months Thave Years ALIE 1 day, hrs. min. 8. To de profession, or particular aind of work done, as spinner, namyer, bookkeeper, etc. b. twinstry or business in which Other contributory cause of importance work was done, as silk mill, apper lengue waw mill, bank, etc. 11. Total time (years) In. I ate de waved last worked at the occupation (month and Electron occuration. Was an operation performed) - Ho Date of ETRIBELACE testy or town For what discuss or injury! State or country ! Name of operation 13. NAMI! JEPICA Was there an autopay? What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. HIRTHPLACE tele or town Accident, suicide, or homicide? \_\_\_\_\_ linte of injury \_\_\_\_\_, 19 \_\_\_\_ ese te a country l 15 MAIDEN NAME Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or tour) (State or country) INFORMANT ALLS Manner of injury -RURIAL, CRUMATION, OR REMOVAL Nature of layer 24. Was disense or liquey in any was related to feducation of doces ed? If we menty ton 11/1 allendant

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

139-8 Registered Nan 225

		いひたこう
PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
Street address Kedwood + Greene de.	(a) State Ma D (b) County Ball	mae
Hospital or institution: //	(c) City or town Pellimore	
University Hopelat	(If outside city or town limits, write RUI	RAL and give town
/	July sered No. 1230 (e) Oslend S.F	,
Length of stay in hospital or inst. (yzs., mos , or days)	ill rural give location	n)
Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.?	_
A 1	To the sound of the control of the c	year
Txirlara neve Jun.	- Van de la company de la comp	
b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVember 23 193	9 6:100
5. Color or race 6 (a) Single, married, widowed, o divorced. Married	21. I certify that death occurred on the date above sta	nted; that lattend.
Name of husband or wife William E.	and that I last saw h 92 alive on 100, 23,	19 39.
6 (c) If alive, give age 47 year	sumeniute canal bi death	Duration
Birth date of deceased mo, day, yr. Jan 22 4 1894	Respiratory facture.	
GE: Years Months Days If less than one day		
hr min	Due to Septeramia	6days
bithplace the time , Manylord	81111	1
Unual Occupation Street Links and state)	Due to Endonelules, parametritis	1 days
Industry or business Own house		Loundon
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Conditions	0000
12. Name John G Kearney	Unalida nasunas as milibio 2 as Al da A	PHYSICIAN
13. Birthplace Pounsylvania	(Include pregnancy within 3 months of death) Major findings:	THISICIAN
14 Maiden Name aunte Aluceumer	Of operations	Underline the
		death should be
15. Birthplace Manyland	Of autopsy	charged statis-
a Informant Mr William & Jans.	22. If death was due to external causes, fill in the fo	
1) Address 1230 W O Soud out	(a) Accident, suicide, or homicide	mownig.
a hureal 11/35/1939		
Burial crematice, or removal) (month) (dis) dyear)	(c) Where did injury occur?	
Cemetery or crematory 11 w tim Cour	(City or town) (Cour	nty) (State)
Location bed moudson ALEV Longwood &	(d) Did injury occur about home, on farm, industrial	
	(Specify type of place) While at wor	k?
Funeral director to lung Comme 4 Jose	1	
b) Address ga / Stillus Stacef-	23. Signature Y durin & Payel	a
(Date to 18 by rocking) . Thenting to following	23. Signature Eduction of Russell MAddress University Herpital Date sign	/M. D.
(Date to 'a by regulary)	Address universa mifulal Date sign	ned 140, 25, 19
110 0		

#### BALTIMORE CITY HEALTH DEPARTMENT GA BROGING 183226 CERTIFICATE OF DEATH

CERTIFICATE		
OF OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
reet address (60) Sc Provides N 2	(a) State Md. b) County (b) City or town Ballitto al.  (c) City or town Bout ide city or town broken with RIJKAL a  Patreet No. 160   S. Oli aller S.	and way town)
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years.
FULL NAME Eva Barrara  If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH 10 021 23 1939.	at 4. 25 T.M
No.  5. Color or race of a Single, married, widowed, or divorced.  Name of husband or wife Seo of title  (a) C. If alive, give age 50 years	20. DATE OF DEATH	
th date of deceased mo, day, yr fuxl 27.1859  Es Yeara Months Days If less than one day  the min.  The place Bullium one, Mc.	Due to	zyn
David Occupation house wife- ndustry or business  2 Name  3 Birthplace Germanulf	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline the cause to which death should be
14. Maiden Name Cliniq Stelloupore 15. Birthplace  My Steo D. Little	Of autopsy  22. If death was due to external causes, fill in the fo	charged tatis tically.
a informant #	(d) Did injury occur about home, on farm, industrial	place, in publi
Location 4309 all fred. Ro.  a Funeral director  b) Address 901 Aller Laces  Aller Aller	place? (Specify type of place)  (e) Means of injury of the state of th	ened 1/2v

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



the state of the s		
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Street address Houford Rord mon	(a) State UC (b) County	
Hospital or institution: Clarenedo Dquere	(c) City or town Sactionere	VIII.
no. deal at St. Juphs Halo	(If outside city or town limits, write RURA	() ()
Length of stay in hospital or inst. yrs., mos., or days	Street No. 6/09 Wariette	accept
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Tenne vince 11		
FULL NAME Milliard aluar		920 p
If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. 215-09-3644	20. DATE OF DEATH ROSSILE 2# 1939	
5. Color or race 6 a Single, inarried, widowed, or divorced		
M wh moning	above, held an Augusty thereon and fro	m the evidence
h) Name of husband or wife latora lolming	obtained by said (Autopay or Inquiry) find that said	deceased came
6 c) If alive, give age	to • death on the day stated above.	
Birth date of deceased mo., day, yr.	Immediate gause of death	Duration
	Crushing Tuyery of	
43 = 14 hr min		
Birthplace Aum Since Car	Due to tractor, left leg	
Usual Occupation Store Con Conductor		
Industry or business Le 1 2 and 1	Due to	
12 None of ma almony	Other Conditions	
13. Birthplace		PHYSICIAN
2/7/	Major findings	Underlineth
14. Maiden Name out by long mon	Of operations	cause to which
15. Birthplace		death huld be
(a) Informant Milloger Climing	Of autopsy	tiently
(6) Address Bothsone My	22. If death was due to external causes, fill in the f	
Date thereof 2224	Accident, suicide, or homodelieulus	
(North) (day) (vear)	(b) Date of occurrence Harfal Rd wer.	Morado do
(e) Cemetery or crematory	Did injury occur about home, on farm, industria	inly intro
Location From June Oa	place Treet co Jafet 3 While at wo	
(a) Funeral director Honny 21-11	(Specify Pox of play)	
(b) Address som some Po	23. Signature WYSV and Grift	M.D.
W Manue, 19	Medica Examin	
Yale and by an intro	Date signed /1/25/39.	

# HEALTH DEPARTMENT—CITY OF BALTIMORE

33228 CERTIFICATI	Registered No
PLACE OF DEATH	(If death occurred in a hospital or institution.
OF BALTIMORE: (No. Provident Hus	St. St. St. NAME instead
h of residence in city or town where death occurred.	nos. da. How long in U. S. If of foreign birth?
FULL NAME MIS Sosie Silane	
(a) Residence: No. 16 9 11 1 21 (1)	
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X 6. Color or Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) [ 19 22. I HEREBY CERTIFY, That I attended deceased from 24, 19 2]
HUSBAND of (or) WIPE of	I last saw he afive on 11 - 24 . 19 Death is said to have occurred on the date stated above, at 2 de m.
TE OF BIRTH (month, day, year)  Fig. 1	The principal cause of death and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  Industry or business in which work was done, as ailk mill saw mill, bank, etc.  Date deceased last worked at this occupation (month and	Other contributory causes of importances
MIRTHPLACE (city or town) (State or country)	Was an operation performed? // Date of For what disease or injury?
14. BIRTHPLACE (city or town (State or country)	What test confirmed diagnosis? Was there an autopay?  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Date of injury
16. BIRTHPLACE (city or town)	Where did injury occur?
(State or country)  INFORMANT  (Address) 609 for the state of the stat	Specify whether injury occurred in industry, in home, or in public place  Manner of injury
Place D. Nary Date 16 27 10	Nature of injury  24. Was disease or injury in any way related to occupation of deceased
UNDERTAKEN MA, Seo & Airi Tore	(Signed)
PILED - 40 7 the 18 Recietrar	(1)



			The second secon	
ACE OF DI	FATH.		2. USUAL RESIDENCE OF DECEASED:	
	City, Maryland		(a) State (b) County	
	1108	. Lombard at.	Raltimore	
Street addi	C85		(c) City or town (If outside city or town limits, write RURA	L and give town)
iospital of	institution:			
			d) Street No. 1108 . Lomos rd	
Length of	stay in hospital or	inst. (yrs., mos., or days)	10	
		(yra., moa., or daya) 16 Yrs.	(e) If foreign born, how long in U. S. A.?	years
		,,,,,		
FULL NAS	George	M. Harden	CONTROL TION	
16 veterar	n, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	120
Non		No. 705-10-1509	20. DATE OF DEATH 11 . 23. 3919	at A.M
ex	5. Color or race	6 (a) Single, married, widowed, or	as I amifushes death occurred on the date above state	ed; that I vitelin-
ale	White	divorced ried	ad deceased from May. 16 1935, to 140	ru. 23 19 7.
		Lillian Marden	and that I last saw he malive on Nov 23 1	9 3 7 .
	husband or wife	4 . If aline give age Veam	to the same of death	Duration
		day. yr.) lovember 16,15	86 Coronary thrombosis	11 23 39
lirth date o	of deceased (mo.,	day, yr.)		1
GE: Yes	ara Monthe I	Days If less than one day	Due to at moselenosis	
53		7 hr. min.	hear lisease	- 4yro
inthplace	Thistle	, Må.	Due to	
	7 3	(Town, county, and state) ctric Welder AL 2		1
Usual Occ			Other Conditions dialettes Milliter	w -
Industry o	business B. &			PHYSICIAN
12. Name		Harden	(Include pregnancy within 3 months of death)	Underline th
13. Birtlip	lace Thist	le? Md.	Major findings: Of operations	cause to whi
-			Of operations	death should ! charged stati
14. Maide		3	Of autopsy	tically.
15. Birthp		yland	22. If death was due to external causes, fill in the	following:
(a) Inform	mant Mrs Li	Ilian Harden		
(b) Addr	1100	. Lombard St.	(a) Accident, suicide, or homicide	
Constitution of the last of th		b Date thereof 11/27/39	(b) Date of occurrence	
(a) Hilly	cremation, or remo			unty) (State)
	etery or crematory	Wandoowride Park	(d) Did injury occur about home, on farm, industri	al place, in pub
	seh.	Plvd. Elkridge, Md	While at w	ork?
Locat	hen /	Liebalde.	(Specify type of place)	
(a) Fune	ral director JA	direct the	(e) Means of injury	
(b) Add	1000/200U	formand a.	23. Signature	M. D.
MAN	25 1938	U Will	Address 3050 Colmonder Date	signed 1.2 +

VS 1

### CERTIFICATE OF DEATH

131

Registered No.

F 63230

	CERTIFICATE		
		2. USUAL RESIDENCE OF DECEASED:	me
CE OF DEATH:		Md. Account Manage.	
ltimore City, Maryland Yor	· Pd.	(a) State	
		Churchill	2 miles Access To 3
reet address		(c) City or town filf outside city or rewn limits, write RURAL a	nd give (own)
ospital or institution.		1-11	
		treet No. (If gural give location)	
ength of stay in hospital or int	R. (yre., mos., or days)		years
ngth of may in north	andere 10 days	(e) If foreign born, how long in U. S. A.?	
ngth of stay in Baltimore 'yr	s., mos., or days	(e) If foreign born, how long in U. S. A.?	
FULL NAME H	elen Brown Bordley		0
		MEDICAL CERTIFICATION 39	P. m.
If veteran, name war	3 (c) Social Security Account	Nov. 24, 19 39	at 9 Ol.
	No.	20. DATE OF DEATH	that lattend-
5. Color or race 6	(a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	24 19 39
male White d	ivorced. W1COW	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70
	Madison B. Bordley	and that I last saw h el'alive on OV . when	23.
N of husband or wife		II IIremia.	Duration
6	c If alive, give age years	Immediate cause of ocalin	
, , ) 1 ma de	June 5, 1876		
nh date of deceased mo., da		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
GE: Years Months Da	<u> </u>	Due to Chronic Interstitial	
00	INT.	Nephritis.	
Churchill,	Md.		
inhplace	own, county, and state	Due to	
Han	own, county. But state		
Cada: C.	0	Other Conditions	PHYSICIAN
Industry or business		(Include pregnancy within 3 months of death)	PHISICIAN
James Brow	m		Underline the
12. Name Md.		Major findings:	cause to which
13. Birthplace		Of operations	death should be
	Page		tically.
14. Maiden Name No.	Y. City	Of autonay	1
15. Birthplace	Dondley Jr.	22. If death was due to external causes, fill in the fo	Howing:
Madison .	B. Bordley Jr.	(a) Accident, suicide, or homicide	-
a Informant	slev Ave.	(a) Accident, fulcide, or	and the same
(b) Address 4007 Chesley Ave.		(b) Date of occurrence	
Burial	b Date thereof (month) (day) (yet	(City or town) (Cou	nty) (State)
a Burial, eremation, or remove	(month)	(d) Did injury occur about home, on farm, industrial	place, in public
	enterville)	Willie at	rk?
Camplety of Clematory	1.1. //10	place? (Specify type of place)	20
(c) Cemetery or crematory	Centerville,	(Specify type or the	
Cemetery of crematory	Dur to lesson	200	Joseph .
Location D	" outthell to	(e) Means of with a Just D.	you.
Location (a) Funeral director	outehell to	(e) Means of high rederick D. C.	MAN DI
Location D	Mutable Wo	(e) Means of with a Just D.	gned /25/2

# BALTIMORE CITY HEALTH DEPARTMENT



1	CERTIFICATE	THE PART OF PECELSED.	
		2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:		a State had b County Bellin	are
reet address		(c) City on sown Baltranse (If outside city or town limits, write RURAL	and give town)
Provident	- Hospital	d Street No. 1139 argule and (If or Skive location)	
rosean	3	d pirect ivo. (If the give location)	- 30
ength of stay in hospital or	inst. yts, mos, or days	Bleesport HARPER accorder	years years
ength of stay in Baltimore	VIS III S. OI day seconding to	Bleed of 1 1 DDDD Decorder	7 to
FULL NAME CHA	KLES	MEDICAL CERTIFICATION	-
If veteran, name was	3 (c) Social Security Account	20 DATE OF DEATH Kovember 232/1939	, at / P, M
11.61	6 (a) Single, married, widowed, or	- TUEDEDY CEDITIEY That I took charge of the re-	III amis action
n Color of face	divorced Single	above, held an thereon and tro	m the evidence
and the language	V	obtained by said (Autopsy of many s) find that said	deceased came
Name of husband or wife	6 c If alive, give age years	lank on the day stated above	
	0 .014		Duration
irth date of deceased mo.	16 less than one day	Immediate cause of death	
GE: Years Months	to solve Report min	Hammorhage , left	
30	to printer min	pleared Santy	
	e try va	Due to State wounds of	
Birthplace	(I. wn courty and tate)	left chest	
10		Due to	
Usual Occupation	0 1		12520
Industry or bus ness	I. Harren	Other Conditions	
12. Name July	hle. Harper		PHYSICIAN
13. Birmplace	(ON 7	(Include trees my within 2 morth of death)	ar to line the
Le.	an Dragell	Major findings:	Underline the
14. Maiden Name	Dred A	Of operations	death should b
15 Bribplace			charged statis
	and Hartier	Of autopsy as alone	
(a) Information Olive	De Later Ost Prich	22. If death was due to external causes, fill in the	Tollowing
M Addres 3/9.0.	Randolphe Rich	1 - as homicide	
Burial	(b) Date thereof Mov 26 19.	79 (h) Date of occurrence	3 rd, 1935
Tomation of rem	n va (north) (day) (year	1137 1000	(State)
Ametor		(City or town of the	
Cemetery of Committon	e Cely Va	Did injury occur about home, on farm, industr	vork?
Location	Int Chands	place? (Specific type 2 f place)	
(a) Funeral director	m- My Created	Means of injury things	hu M.
638.	n. Tremos	184 Signature Modical Exam	
which is the	HARRY - T	Date signed how 24th, 1439	
(a) (b)	D. Registers	17ate signed	

# EALTH DEPARTMENT—CITY OF BALTIMORE 63232

HEALTH DEPARTMENT	
CERTIFICAT	E OF DEATH 53 C
. PLACE OF DEATH	Registered No
ITY OF BALTIMORE: (No.	mosds. How long in U. S. If of foreign birth?yrsmosds.
enoth of residence in city or town where death	lf U. S. Veteran
FULL NAME PAGIO IL CLER	apecify WAR
(a) Residence: No. Q (Usuai place of abode)	Ward.  (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year)  22. HEREBY CERTIFY, That I attended deceased from  19.79 to 19.75
If married, widowed, or divorced HI SBAND of (or) WIFE of Arrival	[ last naw h ! ]] alive on Nov vy 19. 19. Death is said
DATE OF BIRTH (month, day, year)	to have occurred on the date stated above, 1.1.0m.  The principal cause of death and related causes of importance were as follows:
AGE Years Months 20 1 dayhrs. ormin.	Jumer Brains 6 may
F. Trade, profession, or particular kind of work done, as spinner. 19 M / W.C. W. sawyer, bookkeeper, etc  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc  11. Total time (years)	Other contributory causes of importance:
this occupation (month and venr)	ys pare of him 3 0/35
2. HIRTHPLACE (city or town) (State or country)	For what disease or injury?
14. BIRTHPLACE (city or town)	What test confirmed diagnosis Was there an autopsy. No. 23. If death was due to external causes (violence) fill in also the fol-
13. MAIDEN NAX PROTECTION OF STREET	Accident, sulcide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) 33 3005	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
INFORMATION 214 Patterin Park	Manner of Injury
Place Oak Lawn Date Nor 27 10	Nature of Injury  24. Was disease or Injury in any way related to occupation of deceased
a. UNDERTAKER (Address)	(Signed) To Wheeler M. D.
U par a fermion part	(Address) x 709 gre ou

VSC

# CERTIFICATE OF DEATH

F 63233 Registered No.

ace of DEATH:  Baltimore City, Maryland  Greet address  Compital or institution:  City or town  (If outside ty or town Inits, write RURAL  (If rural give location)  ength of stay in hospital or inst. (yrs., mos., or days)  ength of stay in Baltimore (yrs., mos., or days)	and give town)
Johns Hophins Hophins (If outside any or town Inits, write RURAL)  (If outside any or town Inits, write RURAL)  (If rural give location)  (If rural give location)	and give town)
Greet address  (c) City or town  (If outside any or town finits, write RURAL  (If outside any or town finits, write RURAL  (If rural give location)  (If rural give location)	and give town)
erigth of stay in hospital or inst. yrs., mos., or days	t
ength of stay in hospital or inst. yrs., mos., or days	
ength of stay in hospital or inst. (yrs., mos., or days)	
ength of stay in Baltimore (yrs., mos., or days)	years
= 1 = 1 / F /	
FULL NAME EDWARD H BICKEL  MEDICAL CERTIFICATION	
	1/2 M
No of G O 20 DATE OF DEATH	aine described
5. Color or race 6 a Single, married, widowed, or 21. IHEREBY CERTIFY, That I took charge of the rem	the evidence
m W divorced married above, held an Married (Autopat or languar)	
Same R collection absolved by said the find that said of	leceased came
Name of husband or wife (Autop) or Inquity of liquid death on the day stated above	
1 1429-1407	Daration
rth date of deceased mo, day yr.  GE: Years Months Days less than one day 9 secture shall	
30 / 24 hr min	
orthplace Buttarior Due to	
Town and tate)	
Usual Occupation Us Notatio S. Due to	
Industry or business	
12 Name Budger / Bucker Other Conditions	PHYSICIAN
(Include pregnancy within 3 months of death)	
Major findings:	Underline the
	death should be
	tically
Informant The following fill in the fo	ollowing.
and the file of the second	
Accident, suicide, or nomenter 23	N 11539
The second of remarks of remarks	inty) (State
Cemetery or cremators Hole (Cuts or town) (Cots or	I place, in publi
The state of the s	rk? ho
place? Inthe place while at we	
Location place? Inthe place white at we (Specify type of place)  [Specify type of place)  [Specify type of place)  [And the place of type of place)  [Butter of type of type of place)  [Butter of type of type of place)  [Butter of type of type of type of type of place)  [Butter of type	ran 40 174
place? Inthe place while at we	man to 17 4

## BALTIMORE CITY HEALTH DEPARTMENT

	ORE CITY HEALTH DEPARTMENT Registered No.
BALTIMO	Registered No.
3234 CER	RECITY HEALTH DEPARTMENT Registered No.
CE OF DEATH:	2. USUAL RESIDENCE OF DECEASED.
it more City, Maryland	(a) State , MA , County.
reet address	City or town Ballucer (If outside city or town limits, write RURAL and give town)
cepital gonstitution /	City or town (If out ide city or town limits, write RURAL and give town)
Provident Appetal	d Greet No. 40 41. Corach M. (If rural give location)
ength of stay in hospital or inst. yrs., mos., or d	days (e) liftoreign born, how long in U. S. A.) year
the fatav in Baltimore vis. mis. or days	(e) thetoreign both, in
FULL NAME Samuel Sign	100h
li veteran, name war 3 (c) Social pec	MEDICAL CERTIFICATION 5 230
li veteran, name war	20 DATE OF DEATH (Noveller 22 19) 1, at
6 a Single matries	1 1 1 and the control of the charge of the remains describe
divorced MW	widowed, or 21. IHEREBY CERCIFI. I har took change thereon and from the evidence above, held an (Autops) or in suits
Buting	LAHUDEV OLITICAL Z
Name of husband or wife Bratrice 7.	(Autopsy or Inquiry)
	to ken death on the day stated at
orth date of deceased mo, day, yr May 2	lamediate cause of death
GE. Teats Monthle	min Immediate cause of death Brain Assaura heroed Kernenhage.
38 5 - hr.	Indara whore recording
miplace Miama Florida.	Pue to
Saborer.	- D.W.
Chan Cu alegion	Due to
Industry or business	
12 Name	Other Conditions PHYSICIA
13. Birthplace	(Include regnancy within 3 months of death)
1) Diffusion	Major findings:
14 Maiden Name	Of operations death should
15, Birthplace	charged statically.
a Informant Beatrice Pyso	Of autopsy
404 n. Parrish	St. 22. If death was due to external causes, fill in the following:
Address Joj . 11.	22. If death was due to extended a Cadret  Nor-25,1939 Accident, suicide, or homicide a Cadret  1 Date of occurrence 11/19/39
(II)	
nt Zu	Where did injury occur? Acus & were four the work of (County) tState
(e) Cemetery or crematory	Did injury occur about home, on farm, industrial place, in pu
Location M. NET /18	22 of 01 place) / Reel While at Work?
I Juneral director Mis Nulle V	worder Ste Means of injury a penguin Car which struck
322 M. Ach	Signature 1 and Superinger
Addless	Registrar Date signed /1/22/39
(a) Let Company	Registrar Date signed 27

#### HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) TITY OF BALTIMORE: (No. 1/37.11. If U. S. Veteran specify WAR No. 215-09-5750 (If non-resident give city or town and State) (a) Residence: No. Usual place of at MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 21. DATE OF DEATH (month, day, year) That I repended CERTIFY. HUBBAND of (or) WIFE of DATE OF BIRTH (month, day, year If LESS than Months 1 day, hr Trade, profession, or particular kind of work done, as some sawyer, bookkeeper, etc. a. Industry or business in which work was done, as alle naw mill, bank, etc. linte deceased last work Date (State or country) town (State or country) What test confirmed di 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (State or com lowing: Thate of Injury (Specify elty or fown, county, and State) Specify whether injury occurred in industry, in home, or in public Where did injury occur?-16. BIRTHPLACE Manner of injury 24. Was disease or injury in any way related to occupation of deceased?

HEALTH DEPARTMENT-CITY OF BALTIMORE 63236 CERTIFICATE OF DEATH Registered No. a hospital or institution, give its NAME instead 1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1022 Linden & of street and number.) da. How long in U. S. If of foreign birth? yra mon da. If U. S. Veteran specify WAR 2 FULL NAME Ward. (a) Residence: No. 10 2 (If non-resident give city or town and State) (Usual place of abude) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF HEATH (month, day, year) //-4. Color or Roce I HEREHY CERTIFY, That I attapded deceased from SFX Laswr 1934 to nov 21 . If in rried widowed, or divorced I last saw h. HI SBAND of to have occurred on the date stated above, at 4:50 Pm. (or) WIFE of The principal cause of death and related causes of DATE OF RIRTH (month, day, year) Date of erset If LESS Lan Importance were as follows: Months ACE 1 day ......hrs. acute nephritis 10-20-36 2 60 .min. S. Irade, profession, or particular kind of work done, as spinner, 11-16-39 anwyer, bookkeeper, etc. ... a. Industry or business in which Other contributory causes of importance: work was done, as silk mill, 200 saw mill, bank, etc. 11. Total time (years)
spent in this Date deceased last worked at this occupation emonth and ecupation ZW Was an operation performed ----IURTHF! ACE ceity or (State or country) For what disease or injury? Name of operation w ts. NAME an there an autonmy? 23. If death was due to external causes (violence) fill in also the fol-What test confirmed diagnosis 16. BIRTHPLACE (city or town) (State or country) Accident, suicide, or homicide?..... Date of injury... IS. MAIDEN NAME unknessa (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (State or couptry) place Manner of Injury 134 Nature of injury Was disease or injury in any way related to occupation of deceased?

FILED.

# CERTIFICATE OF DEATH

23

Registered No 3237.

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:		
Baltimore City, Maryland	(a) State Wed (b) County	
Street address 1 M D / V	(c) City or town Ballimore	
Hospital or institution:		Land give town)
	Street No. 1/26 N. Carrollon ar	e
Length of stay in hospital or inst. (yra., mos., or days)	If roral give location)	,
Length of stay in nonphase of the	e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore yrs., mos., or days 10 470		1
FULL NAME Si Bulocks		
Account	MEDICAL CERTIFICATION	
If veteran, name war	20. DATE OF DEATH LOV. 23 1939	. at 10:15P.M
Single married widowed, or	and the double occurred on the date above state	ed, that lattend-
livered .	ed deceased from Un 18 1939, to Nov	23 1939.
male Colored Married	1	939 .
Name of husband or wife Clarence Jullock		Described.
6 c It alive, give age	Immediate cause of death	abred
Birth date of deceased mo, day, vr. upr 12, 1402	Immediate cause of death	Brend
AGE: Years Months Days VII less than one day		
37 7 // hr. min.	Due to	
	D	
Birthplace (Town, county, and state)	Due to	
. Vaual Occupation Nomestie	Other Conditions	
Industry or business		PHYSICIAN
12 Name Heldon Whilaker	(Include pregnancy within 3 months of death)	
	Major findings:	Underline the
7) pittipine	Of operations	teath should be
14 Marden Name Wora Torown	04	tionly.
15. Birthplace	Of autopsy 2. If death was due to external causes, fill in the f	following:
a Informant Rulli Doughus	22. If death was due to external causes, the	
b Address 11261 Carrollon	(a) Accident, suicide, or homicide	
77	(b) Date of occurrence	
a Brial cremation, or removal to	(c) Where did injury occur? (City or town) (Co	unty) (State)
Cemetery or crematory I Tumuter 12	(d) Did injury occur about home, on farm, industrie	ar piace, in pitor
	place? While at wo	OIK
Location Ihm. E. Kelson	A Morris of injury / O	
a Funeral director That . E. Allson	William Line	
(b) Address 1263 Press mas	25 Signature,	M 11/2 4/3
(I Registrar	Aldren 924- Wad son are Date .	illinear     = 1 (
(flate rec'd by registrar)		

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR Ward. .... (if non-resident give city or town and State) (a) Residence: No .. (Usual piace of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, Pivorced (Prite the word) 21. DATE OF DEATH (month, day, year) 4. Color or Race I HEREBY CERTIFY, That I stended deceased from Cylind If married, w dowed, or divorced I last saw hall a sire on. . 19.22 Death is said HUSBAND of (or) WIFE of to have occurred on the date stated above, at 1.10Am. The principal rause of death and related causes of DATE OF BIRTH (month, day, year) Date of enset If LESS than Months Years AGE 1413/4 1 day, hrs. 60 5. Trade, profession, or particular kind of work done, as spinner, sawyer, brokkeeper, etc .... 9. Industry or business in which work was done, as silk mill, Other contributory causes of importances naw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at ment in this this occupation (month and occupation. vent) BIRTHPLACE (city or town (State or country) For what disease or injury? --13. NAME Name of operation. 14. BUTHPLACE (city or 23. If death was due to external causes (violence) fill in also the fol-/ (State or country) Accident, suicide, or homicide? L. S. Date of injury 11/23, 1939 15. MAIDEN NAME mil Baltmore (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town). (State or country) or injury in any way related to occupation of deceased Registrar.

HEALTH DEPARTMENT-CITY OF BALTIMORE 63239 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death necurred in a hospital or 'Institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. 1747 william and Ward) If U. S. Veteran 2. FULL NAME James W Hamling specify WAR (a) Residence: No. 1747 wilkens ATR Ward. (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. or Divorced (write the word) 21. DATE OF DEATH (month, day, year) Nov. 22 4. Color or Race 22. 1 HEREHY CERTIFY, That I attended deceased from Male white Married Nov. 15, 1934 to Nov. 22 1937 If married, widowed, or divorced I last naw hom alive on Nov. 20 1034 HI SHAND of Lyy Burys Humlin Death is said to have occurred on the date stated above, at DATE OF BIRTH (month, day, year) May 11, 1844 The principal cause of death and related causes of If LESS than Date of ottest Martha AGE Years I day, hra. or min. Chronic Myocarditis unt 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 9. Industry or business in which work was done, as silk mill, this occupation (month and N-15-3) 11. Total time (years) Brownell asthra 10. Date deceased last worked at spent in this 3 BIRTHPLACE (city or town) Granite (State or country) Was an operation performed? .... For what disease or injury? 13 NAME Itamilton Name of operation What test confirmed diagnosis " Churcol Was there an autopay " W 14. HIRTHPLACE (city or town) Md. (St te or country) 23. If death was due to external causes (violence) fill in also the following: 15. MAIDIN NAME Unknown 16. BIRTHPLACE (city or town) M. State or country) INFORMANT M. IVY B. Manner of injury BURIAL, CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? ....lf mo, specify ..... (Signed) hather Rocusm . M. D.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

41780

3240	ERIIFICATE		
T OF DEATH.	,	. USUAL RESIDENCE OF DECEASED:	
E OF DEATH: timore City, Maryland		a) State Man landb) County	
eet address		City or town [If outside city or town limits, write RURA	L and give town)
ngth of stay in hospital or inst. (yrs., mos		d) Street No. 600 S. A. S (If rural give location)	
ngth of stay in hospital or inst. Yes, mos., or congth of stay in Baltimore (yrs., mos., or c	laye)	(e) If foreign born, how long in U. S. A.?	years
ULL NAME	to the falbing	Denko)	-
veteran, name war 3 (c) Soc No.	ial Security Account	11-23 193	7. a 1431 M
5. Color or race 6 (a) Single, r divorced.	narried, widowed, or	21. I certify that death occurred on the date above at a ed deceased from 2 5 1957, to 11.	23 1959
Name of husband or wife 6 c If alive,	give age years	Immediate cause of death Carcinoma Breast weth	
th date of deceased (mo., day, yr.) 3- E: Years Months Days If	less than one day	Due to	zwniho
thplace (Town, county,		Due to	
sual Occupation Unknown		Other Conditions	PHYSICIAN
2. Name Joseph Sojka 3. Birthplace Pol	and	(Include pregnancy within 3 months of death)  Major findings:  Of operations	tinderline to whiteath should
4. Maiden Name Tillie	nΔ	Of autopsy no	charged stat
a Informant B.C.H. Records		22. If death was due to external causes, fill in the	e lonowing.
b Address b Date the	me 27 25-3	(b) Date of occurrence	County) (State
(Burial, cremation, or removal)  (Cemetery or crematory	month) (day) (year)	(d) Did injury occur about home, on farm, industry  While at	rial place, in pul
Location O alleman	manual:	place? (Specify type of place)	
(b) Address 980	Doay.	23. Signature. LK We a lust of	M. D.
(a) La recides meiotras (b)	notor Milianes	Address Balts city Hosp. Dat	e signed//-23

# CERTIFICATE OF DEATH

"	2
48	6.3
_	000

Registered No. 3241

	2. USUAL RESIDENCE OF DECEASED:	
ICE OF DEATH:	(a) State (b) County	
altimore City, Maryland		
reet address 115 Juliu Muli	(c) City or town Vo actional RURA	I. and give town)
ospital or institution:	(If outside city or town limits, write NUKA	/
/ X ==	Street No. 115 Darkin St	
the later was most or days	(If rural give location)	
ength of stay in hospital or inst. (yes., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
ength of stay in Baltimore (yrs., mos., or days)	(e) It toteld both the	
FULL NAME War B. Street	MEDICAL CERTIFICATION	
If veteran, name war ( 3 (c) Social Security Account	MEDICAL CERTIFICATION 19	- 6 M
No.	20. DATE OF DEATH 200- 23 1939	, at W
5. Color or race 6 (a) Single, married, widowed, or	I all las above etal	ed: that i attend-
divorced.	1017 10 19 10 000	7 70 193 7
. W. marries	and that I last saw h Malive on Ceof 16	9 3 7.
Name of husband or wife Geo. M. Strain		I LITTET STANK
	Immediate course of death Juherrales	W 2
irth date of deceased (mo., day, yr.) Quest 18, 1888		
GE: Years   Months   Days   If less than one day		
	Due to	
irthplace Richmond a	Due to	
Maria Bank 2		
Usual Occupation	Other Conditions	
Industry or business		PHYSICIAN
12. Name Richard T Bailey	(Include pregnancy within 8 months of death)	Underline th
13. Birthplace Honer county Va	Major findings: Of operations	cause to which
1). Birthpiace	Or operations	death should be
14. Maiden Name Mancy ?		tleally.
	Of autopsy	following:
(a) Informant George M. Strain	22. If death was due to external causes, fill in the	
(b) Address 115 Barkin Street	(a) Accident, suicide, or homicide	
(b) Address 169 particular Augustin	(b) Date of occurrence	****
Varial (b) Date thereof	(c) Where did injury occur?	ounty) (State)
(Burial, cremation, or removal) (menth) (day) (yes	(d) Did injury occur about home, on farm, industr	ial place, in publ
(c) Cemetery or crematory	While at v	vork?
A deaste now	place? (Specify type of place)	
Location Quest on Dury of	(e) Means of injury	-
(a) Funeral director active of	1/2 //14	van
(b) Address 440 2 command	23, Signature	M. D.
In the total dellary	Address 753 W Typele Date	signed VWY
a) Registrar	II Addices	

HEALTH DEPARTMENT—CITY OF BALTIMONE 63242 CERTIFICATE OF DEATH Registered No. ... (if death occurred in a heapttal or institution, give its NAME instead 1. PLACE OF DEATH of street and number.). 2. FULL NAME Joseph Groeninger ... Ward. (If non-resident give city or town and State) St., .... (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS nov. 23, 1939 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, or Divorced (write the word) I HEREHY CERTIFY, That I attended deceased from 4. Color or Race nov. 23 1,39 SEX arried nov 20 . 1539. to I last saw hem alive on new 22 1939 Death la said If me wide week, or discreed to have occurred on the date stated above, at 10 20 p.m. HI SBAND of Anne Jennings (or) WIFE of The principal cause of death and rejuted causes of THEO DATE OF HIRTH (month, day, year) Date of erset If LESS than brisslesses Months TRAVE Years. 1 day ..... hrs. AGE mie Mashrites min. 07 . I rude profession, or particular 205.18.39 kind of work done, as spinner. Mane nawyer, bookkeeper, etc. \_\_ 9 Industry or business in which Other contributory causes of importance work was done, as silk mill, one mill, bank, etc. 11. Total time (years) to. Unto devenmed last worked at ment in this this occupation (month and occupation HOUT ! multimore Was an operation performed RIRTHPLACE celty or town For what disease or injury? (State or country) Joseph Groeninger Name of operation Was there an autopay . NO 13. NAME What test confirmed diagnosis? 23. If death was due to external causes (violence) till in also the fol-14. BIRTHPLACE (city or town) GOTMANY IS at or country ! Accident, suicide, or homicide? lowing: 15. MAIDEN NAME THE TENED TO HEVER PARTY (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) Commonly (State or country) INFORMANT 'rs. Anne J. Groeninger place Manner of Injury a. 43 ford AVE. ( Add mas) BURIAL CHRMATION, OR REMOVED Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 10 . 27 Dute INDERTAKER 76. MO If M. speci 800 Add was Wegistrar [Address]

Fishbein HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... (If death occurred in 1. PLACE OF DEATH Ward)

Wa ITY OF BALTIMORE: (No. If U. S. Veteran Ward St. (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 11-26-39 5. Single, Married, Widowed, r Deverced (write jby word) 21. DATE OF DEATH (month, day, year) t. Coler or Race I HEREBY CERTIFY, That I attended deceased from 22 1382 1931 10 11/26 if married, widowed, or divoral HI SBAND of to have occurred on the date stated above, at ad i 41 Am. (or) WIPE of 169 The principal cause of death and related causes of DATE OF BIRTH (month, day, year) Date of onset If LESS than importance were as follows: Thurs Months Vente AGE Breachiel usthma I day \_\_\_ bra. min. Bronchop noversonia s. Irade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc. 9. Industry or business in which Other contributory causes of inquirtances work was done, as siik mill, naw mill, bank, etc. riche polyer ay years 11. Total time (years) to, i inte decemed last worked at spent in this this cormittion (month and occupation . STARLE ! Was an operation performed! BIRTHPLACE (city or town) (State or country) For what disease or injury? 12. NAME Name of operation Was there an autopsy? What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public Where did Injury occur? 16. BIRTHPLACE (city or State or country) place INTORMANT Manner of injury (Address) BI RIAL, ARE MATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If me medity World in -UNDERTAKER M. D. (Signed)\_ (Address) (Address) I sin Hespital HILFD

HEALTH DEPARTMENT—CITY OF BALTIMORE SOCIAL 63244 CERTIFICATE OF DEATH 2-10-Registered No. (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead give its NAME instead of street and number.) If U. S. Veteran opecify WAR ROCSHINSKY, Ward. .... (If non- and sive city or town and State) (a) Residence: No. ce of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widewed, r Diverced (write the ward) 21. DATE OF DEATH (menth, day, year) That I attended decensul SHILL If married, widewed, or diverced HUBBAND of (or) WIPE of I lost now have alive on. have occurred on the dute stated above, at 10 The principal cause of death and related causes of DATE OF BIRTH (month, day year) If LESS then hou-Valvular Monthe AGE 1 day bre Heart kind of work done, as arinner, sawyer, bookkeeper, etc. Hyper in openy 5. Industry or business in which work was done, as olla will, Bulman are will, benk, etc. 10. Date deceased last worked at this occupation (month and ecupation. WORT). RERTHPLACE (city or town) (State or NABLEY) 18. NAME Name of operation Was there an autopay?... What test confirmed diagnosis?\_\_\_\_\_ 24. If death was due to external causes (violence) fill in also the fol-14. BERTHPLACE (city of (State of country) lowing: Acrident, sulcide, or homiside?\_ ...Inte of Injury. nown 13. MAIDEN NAME Specify whether injury occurred in industry, in home, or in public 16. HIRTHTLACE (city or town) mark State or country) Manner of injury HI RIAL CREMATION, OR REMOVAL Nature of injury 24. Was discuss or injury in any way related to 19. FILTD Registrar.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

CERTIFICATI		
ACE OF DEATH: altimore City, Maryland treet address lospital or institution:  Agnes Hospital erigth of stay in hospital or inst. (yrs., mos., or days)  Relationere (yrs., mos., or days)	a) State. MA. (b) County  (c) City or fown Rangelown (d) City or fown Rangelown (d) Street No Washington (d) Freet No Washington (d) rural give location)	d.
ength of stay in Danimore	(e) it foreign both, now long in other	V
If veteran, name war  S. Color or race  S. Color or race  Substitute  S. Color or race  Substitute  Su	MEDICAL CERTIFICATION  20. DATE OF DEATH 11-25-1939  21. I certify that death occurred on the date above stated deceased from 11-23 1935, to 11- and that I last saw harm alive on. 11-25-19	19 32.
Name of husband or wife  6 (c) If alive, give age years  orth date of deceased (mo., day, yr.) OB 4 1939  GE: Years Months Days If less than one day  no. hr. min.	Respiratory failur	Duration 4 Augo
Usual Occupation Industry or painess  12. Name Sta Edward hinh  13. Birthplace Manyland.	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline the cause to which death should be
14. Maiden Name Catherine HESSLE	4	charged statis-
(a) Informant Mrs. Mm. Sinh (b) Affress Mashington Solved (b) Date thereof Mors 28 (Burisl, cremation, or removal) Conficulty (c) Cemetery or compatory Conficulty Location 13 alt Mil, Location 13 and C Hor	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industriplace?  (Specify type of place)  (e) Means of injury	ounty) (State) al place, in publi
(a) Address 21 E	Address St-Agnes Hosp. Date	M. D.

# CERTIFICATE OF DEATH 23

F 63246 Registered No.

ACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland		(a) State Md. (b) County	
street address		(c) City or town Balto.	
	n= L	(c) City or town	L and give town
St. Jusephs the	USP.	of Street No. 3014 Pelliam area	
ength of stay in hospital or inst. ym.		olf rural give leation)	
		(c) If foreign born, how long in U. S. A.?	years
ength of stay in Baltimore yrs., mos			
FULL NAME	e Midder	idor	
Management 3 c	Social Security Account	MEDICAL CERTIFICATION	20
No.	216-09-1568	20. DATE OF DEATH 11. 25. 3919	. n15 4 M
	gle, married, widowed, or	21. I certify that death occurred on the date above stat	ted: that lattend-
note While divorced	Luze	1 1 1 10 11 · 2 4 · 319 · 10 [1.	·42 97.
Name of husband or wife		and that I last saw h en alive on 11.25.	
6 c H s	alive, give age years	Impediate cause of death	Duration
orth date of deceased mo, day, yr.	11163	The second second	1 32 The
	If less than one day	Due Diabete Mellitus	
21 4	hr. min.	Clas no horitis	
orthplace Ballo. m	14.	Um. nephrotis	
Liews of	nty, and tates	Pulmonary Abc.	
Usual Occupation Mesergrap		Other Conditions	
Industry or business	11 //		PHYSICIAN
2 Name Frank mi		(Incl de pregnancy within 3 menths of death)	Und rine the
3 Birthplace Terman		Major findings: Of operations	cause to which
	Balilman		death hould be
4 Maiden Name	o. md.	Of autopay Peterhae · Muropal + pura	s Chically
5. Birthplace Ball was many	middendal	22. If death was due to external causes, fill of the	fellowing be
Informant ///a. many	11	(a) Accident, suicide, or homicide	
1) Address 3014, Pe	man 10 1426	A) Date of occurrence	
1 Second b Date	thereof nov. 28-1939 (month) (day) (year)	(c) Where did injury occur?	ounty) (State)
Cemetery or crematory Story	Redeemer am	(d) Did injury occur about home, on farm, industria	al place, in public
Cemetery of Crematory	Rd.	place) While at wo	ork?
	, week + Low my	(Specify type of place)	
Funeral director	Eager St.	(e) Means of injury Garnard of falsh	Lao
Address /50/ C	7	23. Signature Francis of Jalah Address H got Hoop Dates	7.74.11
(Date twid by registrar)	Resistrar	Address At got Hoth Dates	iigned [1
Thurs by a state of the state o	a state of the sta		

	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:		
Baltimore City, Maryland	a State County	
Saltimore City, Marviana Street address 100 N. Colon Steet	C City or town	I and simple
lospital or institution	ilf outside (15) or town limit, write its	1. and kive town
- sulle Square Howit	16 10 LU Cast SU Y	rus.
Length of stay in hospital or inst. you inco or days 28 day	Optreet (vo. ) If rural give location)	
ength of stay in nospital of mot.	e If foreign born, how long in U. S. A.?	years
ength of stay in Baltimore yrs, mos, or days		DILLITA
FULL NAME H. Craus Benn		
H. Courty Account	MEDICAL CERTIFICATION	40
If veteran, name war	20. DATE OF DEATH 11-24-39 19	, at M.M
6 a Single married, widowed, or	21 I amend that death occurred on the date above state	led; that lattend-
ex 5 Color or race 6 a Single, married, widowed, or divorced.	ad deceased from 10 - 10 19 , to 11	27 19 27.
are white single	and that I last saw h smalive on 11-24-39	9 .
Name of husband or wife		Durstion
6 (c) If alive, give age years	Immediate cause of death	V
Birth date of deceased mo, day, yr		
GE: Years Months Days If less than one day	D	
23 hr. min.	Pue to	
Balto, Mil.	Durana	_
Town, county, and jut.)	Due to	-
Usual Occupation	Other Conditions	
Industry or business,		PHYSICIAN
12. Name Charles Roma	(Include pregnancy within 3 months of death)	
	Major findings:	t nd rine the
	Of operations	leath should be
14 Maiden Name Bulan Jumes	Wo.	charged statis-
15. Birthplace Buto Wo.	Of autopsy	
Boulous Belin	22. If death was due to external causes, fill in the	
(d) Informant 6205. 30 th St.	(a) Accident, suicide, or homicide	
	Date of occurrence	
a) Burel (month) (day) (year	(City or town)	ounty) (State)
Cemetery or crematory Ballo, Cornely	(d) Did injury occur about home, on farm, industri	nal place, in publi
m - th an	while at w	york?
1 Hanne Theat they	(Specify type of place)	1
(a) Funeral director	(e) Means of introduction	1
(b) Address 1391 E Eager W.	23. Signature	D . M. P.
by made made to the selection	Address random sq 1 DH Bate	aixued 11. 74.3
unique day naturar	7	

## BALTIMORE CITY HEALTH DEPARTMENT 3 Registered No. CERTIFICATE OF DEATH

	2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:  altimore City, Maryland  I200 Valley Street	(a) State (b) County	
ospital or institution: Little Sisters of the Poor	(c) City or town (If outside city or town limits, write RURAL 1200 Valley St	and give town)
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeare
FULL NAME Bridget Durkin	MEDICAL CERTIFICATION	
If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH NOV. 24, 1939 19	atII.30M
5. Color or race 6 (a) Single, married, widowed, or divorced. Widow	21. I certify that death occurred on the date above states ed deceased from Nov 2 1939, to Nov 2 and that I last saw here alive on Nov 24 19	14 1935.
Name of husband or wife William Durkin  6 (c) If alive give age years	Immediate cause of death	Duration
Years   Months   Days   If less than one day   hr. min.	Chrome Myocarclelis Due to	6 monch
Usual Occupation Industry or business	Other Conditions Edema of Lings	1 day
12. Name Edward Redington  13. Birthplace Ireland  Catherine Curran  14. Maiden Name Ireland	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy	Underline the cause to which death should be charged statistically.
15. Birthplace  (a) Informant Little Sisters of the Pool  (b) Address I200 Valley Street  (a) Burial (b) Date thereof Mov. 2] 193  (Burial, cremation, or removal)  (c) Cemetery or crematory Stoly Cross  Location Ballimore  Location Ballimore  (a) Funeral director Rula Windefull  (b) Address 214 Grunnour Prom	22. If death was due to external causes, fill in the form (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industria place?  (Specify type of place)  (e) Means of injury  23. Signature	inty) (State) I place, in publ

# Hambleton BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63249
Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	Mil	
Baltimore City, Maryland	(a) State / County	
Street address P, Little Con	c City or town Alline write Rt'RA	L and give town)
Hospital or institution: Wer my Hispatel	12 508 11 - Paca	
	Gland of miral of moral of moral of moral of	
Length of stay in hospital or inst. (vis., mos., or days)	Moreign born, how long in U.S.A.?	years
Length of stay in Baltimore (yrs. 11.08, or days)	to better the same of the same	. 1
FULL NAME GIYLYN JOHNS XA	unton Billi M' Da	(sld)
If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	720
No.	20. DATE OF DEATH America 25 1239	, at M
Sex 5 Co or or race 6 a Single hyarried, widowed, or	21. IHEREBY CERTIFY, That I took charge of the re	mains described
divorced Milling	above, held an Antopas or thereon and fro	on the evidence
Name of husband or wife	obtained by said // find that said	deceased came
6 c If alive, give age years	(Autopsy or Inquiry) to her death on the day stated above.	
Birth date of deceased mo., day, yr few. 7, 1898	Immediate cause of death	Duration
AGE: Years Months Days It less than one day	Rusture 1 Daocular	1
41 816 18. Or hr min	anergymo & middle	-
Birthplace Troffses Va.	Due to peribial astery, lift	
(Town, county, and state)	f	
Usual Occupation / Truse wift	Due to	over
Indian or business		
12 Ame C. Cluster	Other Conditions	PHYSICIAN
13. Birthplace	(Include pregnancy within I in onth of death)	PHYSICIAN
Confor Halli Keaves -	Major findings:	Underline the
14 Maiden Name Conton Gra	Of operations	death should be
1/B reliplace	Of automot	charged statis-
Informant of the marke	Of autopsy  22. If death was due to external causes, fill in the	
Videos Uleyandria V.	The second secon	
Date thereof for 16 193	(b) Date of occurrence	
	Wit and deliminary occur)	unty) (State
Contestant Royd · alexandria Va.	Did injury occur about home, on farm, industria	unty) (State) al place, in public
Location	While at w	ork?
(a) Funeral director & Schloman + Son	(Specify type of place)	0
1	(e) Means of injury	M.D
(b) Address /039 % arrows &	23. Signature / X Quality	ner.
Registrar Registrar	Date signed ///25/39	

OF OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:  Itimore City, Maryland	as a State That. b County.	
eet address Haplein West 31- St Paul	De ft.	
eet address Augusta	(c) City or town Sulface city or town limits, write RUR	AL and give town)
epital or institution:	1110. (14 840.0	121-04
	Strate No. Hopkins of sir para vive location	1
ngth of stay in hospital or inst. (yes., mos., or days)		
	(e) If foreign born, how long in U. S. A.?	years
ngth of stay in Baltimore (yrs., mos., or days)		
TULL NAME TO THE TOTAL TOTAL	,	-
Section name was 3 (c) Social Security According	ount MEDICAL CERTIFICATION	
i veteran, name	20. DATE OF DEATH HOW 24 193	7, at M
No.	20. DATE OF DEATH  21. I certify that death occurred on the date above st	ated; that lattend-
5. Color or race 6 (a) married, married,	ed deceased from May 1 1939, to No	ev 241939.
ade stuto Mossiero	ed deceased from	19 .
Name of hundred or armajementy lake	Osea and that I last saw h alive on	Duration
o c It shee, give age 49	years Immediate comes of death	9
th date of deceased mo, day, vr. 1 ay 22 18	80 corract	a reduced
If your than one day	mysearders	
E: Years Months Days hr	min. Due to	MIGN
		000
thiplace Baltimore Ind	Due to	
21 0 1	1	
aual Occupation	Other Conditions	
adustry or business	(Include pregnancy within 2 months of death)	PHYSICIAN
2. Name for Catterson	Major findings:	Underline th
3 Birtholace Bullimon Just	Of operations	cause to the
4. Maiden Name Suma May Cayet		tenth hould he
	Of autopsy	tically.
5. Birthplace Callinne Mrs	- Landson Lange fill in th	e following:
a Informant Linna , Lenedy Politers	(a) Accident, suicide, or homicide	
	(a) Accident, suicide, or notification	
Durial (b) Date thereof (month) (day)	1978 (b) Date of occurrence	
(Burial, cremation, or removal) (month) (day)	(year) (c) Where did injury occur?	County: (State)
Cemetery or crematory rellunquet	(d) Did injury occur about home, on farm, indust	mai piace, in piio
Datte see a ge full	place? (Specify type of place) While at	WOLK /
Location Mountain A	K 1   01 2 1 1 1	1
Funeral director Henry Infankin de	(e) Means of injury	W.
Address Akland, Mel.	23. Signature	F. 11/20
with a stone Hills my	Address / You	e nigned
Da's rec'd by registrar)		

# HEALTH DEPARTMENT-CITY OF BALTIMORE 63251

CERTIFICAT	E OF DEATH
PLACE OF DEATH  No. 2900 C LESTON PM.	Registered No
TY OF BALTIMORE: (No	of street and mon ds.
The state of the s	mos ds. How long in C. C.
( Vinage	A) apecity war.
FULL NAME	" Filally Ward
(a) Residence: No. 2400 Cugaouvan	Ward. (If non-resident give city or town and State)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	36
EX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) NOV. 24, 10 39 22. I HEREBY CERTIFY, That I attended deceased from
100 000	nov. 24 19-1
cutati i	Mest 2 3 19 9 Death is said
If married widowed, or divorced HI SBAND of Cassay Walks wiggs (or) WIFE of Cassay Walks	I last saw have on g44 al
(or) WIFE OL 1861	to have occurred on the date stated above, at the m.
DATE OF BIRTH (month, day, year) Menths Days If LESS than	The principal cause of death and related causes
AGE 1 dayhrs.	netree Revier regulation is come
78 8 5 or min.	welling Jelling
8. Trade, profession, or particular	Broncho Preumon
sawver, bookkeeper, etc.	
9. Industry or business in which work was done, as silk mill.	Other contributory causes of importances
saw mill, bank, etc. 111. Total time (years)	Chrone reliableful replaces 16 04
this occupation (month and occupation	
year) Ballemore	Was an operation performed! 100 Date of
BIRTHPLACE (city or town) Callemore (State or country)	For what disease or injury?
O Waterbreeth	X 1774
	Name of operation Threedown Was there an autopay?
14. BIRTHPLACE (city or town)	If as 1/ death was due to exterior
(State of Grundly)	lowing: Accident, suicide, or homicide?
15. MAIDEN NAME CUKUUM	The second contract of
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
(State or country)	Specify whether injury occurred in industry
mary a Reingger	p 600
(Address)	Manner of Injury
BURIAL, CREMATION, OR REMOVAL 9 - 27	Nature of Injury
proceed front by Date 100 01 18.	24. Was disease or injury in any way related to occupation of deceased
Durt WE Din	24. Was disease or injury in any
UNDERTAKER Malle 1	Chan Fa Strines
(Address) 37 3. Care	(Signed)
PILED Registrat	(Address) 2 7 8 Jean
hadre styp in	

## BALTIMORE CITY HEALTH DEPARTMENT . CERTIFICATE OF DEATH



PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State M.J. (b) County Carriel	
Street address		
Hospital or institution	(c) City or town hos framotes	
unnisty itosfital	(If outside city or town limits, write RURAL and give town)	
1011	1 Stroll No Charles Carrol Hotel	
Length of stay in hospital or inst. (yrs., mos., or days) '7 lus	(If rurst give location)	
Length of stay in Baltimore (yra, mea, or days)	(e) If foreign born, how long in U.S.A.)	
a) FULL NAME Wm F. Conny		
b) If veteran, name war (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  11-26-1939, at 4 A. M	
Sex 5 Color or race 6 (1) Single, married, widowed, or male Single	21. IHEREBY CERTIFY, That I took charge of the remains described	
	above, held an Autobay or Inquiry) thereon and from the evidence	
b) Name of husband or wife  6 (c) If alive, give age years	obtained by said Angury find that said deceased came to his death on the day stated above.	
Birth date of deceased mo day, yr has 24 1895		
AGE: Years Months Days   less than one day	Shotzun Jun Duration	
\$ 4 th min	Shitzun 7	
Birthplace Westminster Carroll Maryland		
f wn unity and inter	Due to	
Usual Occupation Automobile distributor	Responting vio cera	
Industry of business	Due to	
12 Name William H. Conaway	Other Conditions	
13 Birthplace Mayland	PHYSICIAN	
14. Maiden Name Katherine Schaeffer	Major findings: Multiple furforton. Underline the	
14. Marden Name / Carner	Of operations 18 mas & for dute time cause to which	
15. Birthplace Maryland	Faconotion by Killing a left death should be	
(a) Informant HosPital records	Of autopsy home charged statis-	
(b) Address	22. If death was due to external causes, fill in the following	
Burial 6 Date thereof 11-29-39 (month) (day) (year)	(a) Accident, suicide, or homicide  (b) Date of occurrence 11-25-39	
Material To Com	(e) Where did injury occur? Carrell Co.	
Location Westminster And	(City or town) (Coccly) (State)  (d) Did injury occur about home, on farm, industrial place, in public	
Location Pluminute 7114	place? Farm While at work) (10	
Funeral director John R. Osygens	(8) Means of injury assignment self-inflicted mount,	
1 Address Westminster, Ald	while the type of dear MD	
at 26 1939 at the first	Date signed 11 - 26 - 39 Medical Examiner.	
(Date reed by regular) Regular		

## CERTIFICATE OF DEATH

## F 63255

2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: Baltimore City, Maryland b County Street address 937 Hospital or institution: Length of stay in hospital or inst. (yrs., mos., or days) If foreign born, how long in U. S. A.? Length of stay in Baltimore yrs., mos., or days an Court FULL NAME no 24 1931.000 MM 20. DATE OF DEATH No 21. I certify that death occurred on the date above stated, that I attend-5. Color or pace 6 (a) Single, married, widowed, or Scx ed deceased from NOV 23 19 54. to VIOU 241931. White divorced and that I last saw h Im alive on 100 24 1937 b) Name of husband of the argaret fire Court Duration Immediate cause of death 6 Il alive, give age Zyears Coronny Scalunon Birth date of deceased pre 31 1762 Years Months Days 3 atteriors Birthplace Usual Occupation Other Conditions Industry or business PHYSICIAN ohn Van Caust include treg on y within morth of death 12. Name I'd rlo the Major findings: nu to hich 13 Birth place Of operations leath hould be 14. Maiden Name Curra Wattan barged atas-Of autopsy 15. Birthplace 22. If death was due to external causes, fill in the following: a Informant W m / Van Court fr (a) Accident, suicide, or homicide b) Address 518 h Rose of h Date of occurrence b Date thereof Hor 27 (e) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) (e) Means of injury Ykorny M. y. Address 2200 E VM MILON Date ligned 11/25 Registrar

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ne 2. USUAL RESIDENCE OF DECEASED: Street No. 226 N. 4th St years e) If foreign born, how long in U. S. A.? eeK MEDICAL CERTIFICATION 20. DATE OF DEATH NOV - 26 1939, at 330 M 21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1939. to Nov 261939. and that I last saw h I M alive on NOV 26 1939 . Duration Immediate cause of death 10 wash Due to Due to Other Conditions Brancho preu PHYSICIAN (Include pregnancy within 3 months of death) Underline the Major findings: nause to which Of operations death should be charged statis-Of autopey 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? place? (Specify type of place) (e) Means of injury 23. Signature Edgar 4. Miller

Address Johns Hap on's Hospital are signed 1/2 6/3 9

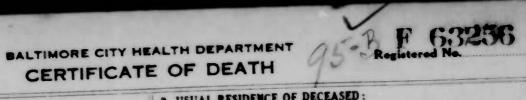
LACE OF DEATH:	
Baltimore City, Maryland	
Street address	
Hospital or institution:	
TOHKS I	OPKINS HOSPITAL
	1/2 mas
Length of stay in hospital or inst.	yrs., mos., or days
Length of stay in Baltimore (yra.,	mos or days)
FULL NAME DE FRANCE	cis Powell Ch
) If veteran, name war	3 (c) Social Security Account
) if Veteran, mante was	No.
1 5 C-les es esce   6 (a	) Single, married, widowed, or
divo	red MARRIED
Ale White dive	
Name of husband or wife	SADIE
610	) If alive, give age years
Birth date of deceased (mo., day,	8-26-84
1	If less than one day
55 3	hrmin.
Sirthplace K	county, and state)
(Tow)	county, and state)
Usual Occupation	EACHER
Industry or business	M
I A CI	288
18. 1.00	
13. Birthplace	V
11	ARET ME Kee
14. Maiden Name /VIAR 9	AKEI III NEC
15. Birthplace	<b>Y</b>
	DS
II SERVE	SPRING PROSPERT
(b) Address	UTAIRO BOOFIIAL
(6) Barrel (b)	Date thereof 24 39
(Burial cremation, or removal)	(month) (day) (year)
(c) Cemetery or caematory	21
Location Hannes	Le 15
1.64	1 Mithely for
(a) Funeral director	# 000
(b) Address 1/900 80	van visa
100 1939 A	1 1
(Date red'd by registrar)	Registrar

HEALTH DEPARTMENT-CITY OF BALTIMORE ERTIFICATE OF DEATH Registered No..... (If death occurred in 1. PLACE OF DEATH St., Ward)

a hospital or institution, give its NAME instead of street and number.)

mos. ds. How long in U. S. If of foreign birth? yrs mos. ds. TITY OF BALTIMORE: (No. where death occurred Dyra. 1! U. S. Veteran specify WAR 2. FULL NAME Ward. (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) /1-26. 5. Simple, Married, Wide r (write the word) I HEREBY CERTIFY, That I attended deceased from ZHZ 10 recenter 26, 19 39 19 39, 10 I last on hades alive on Margarelets 25, 19 3 Penth is said If married, widowes, or divorced HI SBAND of to have occurred on the date stated above, at 3 + 3 m. (or) WIFE of The principal cause of death and related causes of DATE OF BIRTH (month, day, year) Date of enset importance were as follows If LESS thus Days Months Madelles a general Years AGE armour of 1 day hrs. or min. nufarte brus 8. Trade, profession, or particular yellonephr kind of work done, as spinne me who werely welmen sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as ailk mill, Other contributory causes of impurtance: saw mill, bank, etc. 11. Total time (years) spent in this to linte decemed had worked at 1-31-34 this excupation (month and occupation. Was an operation performed! For what disease or injury? But Maddle BIRTHPLACE (city or town) (State or country) Name of operation masse What test confirmed diagnosis? In the Was there as automore that 23. If death was due to external faunt (violence) fill in also the fol-16. HERTHPLACE (city or hown (State or country) lowing:
Accident, suicide, or homicide? 15. MAIDEN NAME 5 Specify whether injury occurred in industry, in home, or in public 16 BIRTHPLACE (city or town State or country) cher place Manner of injury BURIAL CRIMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any was related to occupation of deceased? no If my spur fi man rosper al - I was a saled Reporter (Address)

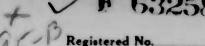
# F. 43256



CERTIFICATE		
CE OF DEATH:  Altimore City, Maryland  reet address cospital or institution:  AMAS HORKES HOSPIMA  ength of stay in hospital or inst. (yrs., mos., or days)  angth of stay in Baltimore (yrs., mos., or days)  FULL NAME  If veteran, name war    3 (c) Social Security Account No.   5 Colonor race divorced.   No.     Name of husband or wife   Pull     Name of husband or wife   Pull     Ce   If alive, give age   years     The date of deceased (mo., day, yr.)   3 - 1876    GE: Years   Months   Days   If feet than one day	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town Baltimore  (If outside city or town limits, write RURA)  (If outside city or town limits, write RURA)	9 89.
hr. min.  irthplace laly own, county, and grate)  Unusl Occupation ladustry or business  12. Name.  13. Birthplace	Due to Hyperton six attended  Cardle - vascular disease  Due to  Other Conditions Employers (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline to the death should charged state
14. Maiden Name  15. Birthplace  (a) Informant  (b) Address  (d) Success  (Burial, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industri	following:  following:  punty) (State al place, in pub
(a) (Date rold b) regulation	place? (Specify type of place)  (e) Means of injury Palton M. 1 10  Address Date  Address Date	eigned # 25

COOS HEALTH DEPARTMENT	-CITY OF BALTIMORE 63257
63257 CERTIFICATI	OF DEATH
	Registered No.
PLACE OF DEATH  Y OF BALTIMORE: (No. 44/3 La Salla	(If death occurred in a hospital or institution, give its NAME instead
Y OF BALTIMORE: (No	of street and number.)  ds. How long in U. S. If of foreign birth?
FULL NAME Edward D. D.	specify WAR
	St.,
(a) Residence: No. 44/3 76 Salle (Causi place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH
EX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	
ale White Widowed	22. HEREBY CERTIFI. That I am a 192
HUSBAND of Hellie E. ablams	I last saw he allve on floor 135 P
(ar) WIFE of (Car) WIFE of (Ca	to have occurred in the date stated above, at 4
ATE OF BERTH IMMEDIA ON THE LESS than	The principal cause of death and related causes of importance were as follows:
Months I dayhrs.	2 importance were as follows: supervised
8. Trade, profession, or particular kind of work done, as spinner.	
anwyer, bookkeeper, etc.	
9. Industry or business in which work was done, as silk mill.	Other contributory causes of importance:
asw mill, hank, etc.  10. Date deceased last worked at this or upation (month and year)	
EIRTHFLACE (dty or town) — M.J.	Was an operation performed? Photo of
GI a dunt	For what disease or injury?
13. NAME	What test confirmed diagnosis? (windows) fill in also the fo
14. BIRTHPLACE (city or town) ml.	as If donth was due to external causes (violence)
15. MAIDEN NAME Calheime Kelly	lowing: Accident, suicide, or homicide:  Date of injury, 19  Where did injury occur?  (Specify city or town, county, and State)
16. BIRTHPLACE (city or town) 73d, (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in pub
INFORMANT Mrs albert Beilman	Manner of injury
BURIAL, CREMATION, OR REMOVAL	managing a data and a data was a made 4. Som
Place Parkwood Date 11-07	Nature of injury  24, Was disease or injury in any way related to occupation of decease
UNDERTAKER (Address) 6303- Holling	(Signed) (Signed)
. PILED	100000000000000000000000000000000000000
93 1939 The A A The Residence of the Party o	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State ML. (b) County I Lewe	nd
Street address Reduced and Greene Str.	1 1 OT	10 0
Hospital or institution:	(c) City or town Cluster City (If outside sity or town limits, write RUA)	unal)
University Hospital		~
Length of stay in hospital or inst. (yrs., mos., or days) Smo	Street No. Carroll + mano	
Length of stay in Baltimore (yrs., mos., or days) Same	(e) If foreign born, how long in U. S. A.)	years
FULL NAME COrd Howard		
b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. Morre	20. DATE OF DEATH November 25 1939	1945 P.M
5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	
F Colored divorced Single	ed deceased from June 19 1939, to November	
)	and that I last saw here alive on May. > 5 19	
b) Name of husband or wife  6 (c) If alive, give age years		
	Immediate cause of death Subralute Booterial Endocarditis	8 MG
AGE Years Months Days I If leas than one day	(Stuptorore us Vindans)	o mu
	Due to Rheumatie Cardiovas -	1111
19 70 24 hr. min.	Cular durare	141.
Birthplace Ellicatt City Mid		
Usual Occupation Owns ( )	Due to	
Industry or business	Other Conditions	
G.J.	Other Conditions	
12. Name John Howard	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Med	Major findings:	Underline the
14 Maiden Name Nova Williams	Of operations	cause to which teath should be
1 .	04	charged statis-
15. Birthplace Mid	Of autopsy	tiently
a Informant Mora Boward	22. If death was due to external causes, fill in the fol	lowing:
(b) Address ellers Cily Mid	(a) Accident, suicide, or homicide	
(a) Burnal (b) Date thereof 11 29 37	(b) Date of occurrence	
(Murial cremation or r meval) (month) (day) (year)	(c) Where did injury occur? (Count	y) (Blate)
(c) Cemetery or crematory & Murry	d) Did injury occur about home, on farm, industrial p	lace, in public
Location beingth, City My Kural	place? While at work	>
(a) Funeral director to brain Share of	(e) Means of injury	
(b) Address elliott City nig	23. Signature When a Wayner	
(a) (b)	1 - 11 . 1	M. D.
Date rec'd by registrar Registrar	Address leavesty Atopital Date sign	ed Hor 31
VS 3	1	1939

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



### F 63259

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:		
Baltimore City, Maryland	(a) State MA (b) County	
Street address 1107 Jukeland st	(c) City or town 3alto	
Hospital or institution:		AL and give town;
	Id Street No. 1107 Duks land	-
	If rural give location	)
Length of stay in hospital or inst. (yrs., mos., or days)	10	
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
FULL NAME Alice O'Brien		
LA COLLE IN Assessed	MEDICAL CERTIFICATION	
No. No. No. Sex 5. Color or race 6 (a) Single, married, widowed, er	20. DATE OF DEATH NOV 25 193	
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above at	sted; that lattend-
wale White dwared Widowed	ed deceased from Jamy & 19.57. to No	v 21 19 %.
b) Name of husband or wife John O' Brian	and that I last saw h ~ alive on har 2 3	19 59.
b) Name of husband or wife V ONA 6 (c) If alive, give age years	Immediate cause of death	Duration
		1 No .
Birth date of deceased (mo, day, yr) Vunt 8 1 1863		
AGE: Years Months Days If less than one day	a bediench tie medican	4
76 5 17 hr. min.	Due to anderen elevation andis mon	7
Westmoreland Va		
Usual Occupation (Town, county, and state)	Due to	
Usual Occupation Ut 7 7	11 1 1 1	. I ute.
Industry or business Je CA	Other Conditions Lamonty for gather	
12. Name Silan Greasett	Include pregnancy within 3 months of death)	PHYSICIAN
2/-	Major findings:	Underline the
13. Birthplace Va.	Of operations	cause to which
14. Maiden Name Sally Cook		death should be
	Of autopsy	tically
1), pittipiace	22. If death was due to external causes, fill in the	following:
(a) Informant Win V. O'Brien	(a) Accident, suicide, or homicide	
h) Address 1107 Dukeland		
June a C   Date thereof / 28 34	(b) Date of occurrence	
Burial, community remarks (month) (day) (year	City of towns	ounty) (State)
(c) Cometery or commonly Parkyord	d Did injury occur about home, on farm, industr	nal place, in public
Bell Canul.	place? While at v	
Location	(Specify type of a lace)	01
(a) Funeral director William Cook	23. Signature Thodan E. Address 3803 Edunda & Date	- 4011
(1) Address 2/2, St. Paul St	23. Signature Church (.	MUN
( 2 ( 1900 / 1) me to the / 1 me to 1/5.	3803 Edunda a Date	signed "//26/
Interred by registrar Registrar	Address	1 7



5 B Registered No. 3

3260 CE	RTIFICATE OF	DEATH	
	2 USI	AL RESIDENCE OF DECEASED:	
ACE OF DEATH: Baltimore City, Maryland	(a) S	ate Md. (b) County	a. we te RURAL and rive town)
dospital or institution:  And Con Ho	of .	ity or town. Houside city or town limite that No. 3608 Have tilf rural	(ive location)
enoth of stay in hospital or inst. (yrs., mos.,	(e) \$	foreign born, how long in U.S. A	L? years
ength of stay in Baltimore (yrs., mos., or day	1 1/20	MEDICAL CERTIF	FICATION
If yeteran, name war 3 (c) Social	Security Account	DATE OF DEATH /// 2	6 1939, at 6, SSFM
ex   5. Color or race   6 (a) Single, madivorced.	rried, widowed, or 21.	l certify that death occurred on the odeceased from 10/2/19	19 1/26 1934.
Name of husband of anna Florente	ive age years last	that I last saw h / all to	Duration
Birth date of deceased (mo., day, yr.) Magazinth date of deceased (m		My orandral unsu	20
Usual Occupation	lower a	ther Conditions	PHYSICIAN
Industry or business 4/1/leiam Pa	Mass	Include pregnancy within 3 mon fajor findings: Of operations	the of death) Underline the cause to which death should be charged statistically.
14. Maiden Name  15. Birthplace  16. Informant  Auera F.	mars	Of autopsy  22. If death was due to external ca	uses, fill in the following:
(a) Informant (b) Address 3608 Transce (a) Burial (b) Date there (a) Rurial	eof (month) (day) (year)	(a) Accident, suicide, or nomicide (b) Date of occurrence	(County) (State)
Location Balto ma	Coolc	place? (Specify type of place)  (e) Means of injury.  23. Signature	
(b) Address (b) (b)	Rogistrat	Address Md. Len.	Date signed/1/29

## F 63261

#### CERTIFICATE OF DEATH CERTIFICATE OF DEATH



F 63261

LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Md. (b) County	
page Tactorn Ave		
Street address Hospital or institution:	(c) City or town Baltimore,	L and give town)
Home	(d) Sercet No. 2029 Eastern Ave	
a la	(d) Sfreet No. (If rural give location)	•••
Length of etay in hospital or inst. (yra., mos., or days)	(e) If foreign born, how long in U. S. A. 50 yr	S. years
Length of stay in Baltimore (yrs., mos., or days) .50 yrs	(e) it foreign both, now long in	7
FULL NAME Michalena (Or) Helena Ol:	szewski	7
10 16 116 min Account	MEDICAL CERTIFICATION	.90
b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH November 250 1939	. at 10 4.M
(/a) Single married widowed, or	1 al des above state	ed that lattend-
emale white divorced. Married	12 10 / 19 79 19 29 to	100 1929,
Children	and that I last saw her alive on Nov. 74	9 -
b) Name of husband work Michael Olszewski 6 (c) If alive, give age years	Immediate cause of death	Duration
	Low Prumonia	***************************************
Birth date of deceased (mo., day, yr.) Sept, 1873  AGE: Years Months Days If less than one day		
· · · · · · · · · · · · · · · · · · ·	Due to	
		-
Birthplace Polend (Town, county, and state)	Due to	-
Usual Occupation Housewife		
Industry or business	Other Conditions	
	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Wojciech Sadowski	Major findings:	Underline the
13. Birthplace Poland	Of operations	cause to which
14. Maiden Name Jullia Pawlak		charged statis-
15. Birthplace Poland	Of autopsy	tically.
(a) Informant   1 Chael Olszewski (Husband	22. If death was due to external causes, fill in the	following:
(a) Informant	(a) Mediating	
(b) Address 2929 Fastern Ave	(b) Date of occurrence	••••
(a) (b) Date thereof (month) (day) (year	(City or town) (Co	unty) (State)
1/ 1/2 /- /-	. (d) Did injury occur about home, on farm, industrie	l place, in public
(c) Cemetery or crematory of manuscaus	While at w	ork?
Location Walter	(Specify type of place)	. 9
(a) Funeral director	(e) Means of injury	
(b) Address 705 a com ru	23. Signature	M. D.
(a) a (b) Registrar	Address//23 JT. Face St. Date s	igned

## CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE	Y I I	
PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State 16 County	
Street address. Buldman Man land. Hospital or institution:	(c) City or town Butter City or town limits, write RURA	
Length of stay in hospital or inst. (yre., mos., or days)  Length of stay in Bakimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
a) FULL NAME		V
b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH worker 15 19 39	7, at 12 <sup>50</sup> PM
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from any 126 1939, to how and that I last saw here alive on how. 25	ted; that lattend- y, 25 1939,
b) Name of husband or wife 6 c If alive, give age years	Immediate cause of death	Duration tweek.
Birth date of deceased (mo., day, yr) April 19, 1964  AGE: Years   Months   Days   If less than one day   hr. min.	Due to	
Birthplace (Town, county, and state)	Due to	
. Usual Occupation . Industry or business	Other Conditions artuin derisis	BUYERENAM
12. Name Mfin Thomas 13. Birthplace Md.	(Include pregnancy within 3 months of death)  Major findings:  Of operations	tinderline the
14. Maiden Name Hachol 7	Of autopsy not dim .	charged statis
(a) Informant Records	22. If death was due to external causes, fill in the	following:
(a) Funeral director MYD Prayers (a) Funeral director MYD Prayers (b) Address	(d) Did injury occur about home, on farm, industrice place?  (Specify type of place)  (e) Means of injury  23. Signature	M. D.
(a) (b) (Regularar	Address Secto Cury Alexander	signed //-25-39

BRASH

# CERTIFICATE OF DEATH

F 63263
Registered No.

CERTIFICATI	Y /	
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:	(a) State Md (b) County	
altimore City, Maryland	a) State of the	
treet address	(c) City or town Baltiners.  (d) City or town limits, write RURA	L and give town)
lospital or institution:	1) Street No. 2497 Pruid His	10 Aire
	(d) Street No. de. T. 7.   Notice   Street No. de. T. 7.   Notice   No. de. T. 7.   Notice   No. de. T. 7.   Notice   No. de. T. 7.   No. de.	-
ength of stay in hospital or inst. (yrs., mos., or days)	· · · · · · · · · · · · · · · · · · ·	years
ength of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	
		<b>\</b>
FULL NAME Alberta Bell	MEDICAL CERTIFICATION	
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH 400. 24 193	9 3 5 M
No.	20. DATE OF DEATH WILL THE TOTAL THE	red that lattends
ex 5. Color or race 6 (a) Single, mayied, widowed, or	21. I certify that death occurred on the date above eta ed deceased from 400 20 1939 to 450	1.241939
male Black divorced Single	and that I last saw here slive on 2004	9 39.
L. Chushand or wife	and that I last saw how alive on	Duration
Name of husband of white 6 (c) If alive, give age years	Insodiate cause of death Pulmonary Tuberculoses ? The periforales	?240
irth date of deceased (mo., day, yr.) 12-26-17	3 the backer	
GE: Years   Months   Days   If less than one day		
21 1/1 28 hrmin.	Due to	
mJ.		
hirthplace Town, county, and state)	Due to	
Usual Occupation 4 one	Other Conditions	-
Lucia see		PHYSICIAN
12. Name Eugene Bell	(Include pregnancy within 3 months of death)	Underline th
13. Birthplace md	Major findings: Of operations	cause to which
	O. Option	death should h
14. Maiden Name Maude Perry	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the following:	
(a) Informant Records.	(a) Accident, suicide, or homicide	
(b) Address 10HNS HOPKINS HOSPITAL	(b) Date of occurrence	• • • •
(b) Date thereof /1 - 20	(c) Where did injury occur?	County) (State)
(Burial, eremation, of removal hat	Did injury occur about home, on farm, industri	ial place, in publ
(c) Cemetery of commander	While of	work?
Location Daniero	(Specify type of place)	
(a) Funeral director Myd Masu a. Hours	Means of injury	
A) Address 578 (M. Buddle D.	23. Signature	signed 11-24
(107 1020	Address Thus (toplus (tosp. Date	signed [ ]
(a) Registrar	The second secon	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: ) Baltimore City, Maryland Street address CM Hospital or institution Length of stay in hospital or inst. (yrs., mos., or days) 10 da (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yra., mos., or days) 53 W.R. (a) FULL NAME MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH REVender 25 19 37, at 7:35 AM b) If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-6 (a) Simila married, widowed, or ed deceased from Man 16 1929, to Men 25 1939. divorced water and that I last saw here alive on Mad. 25 1927 musle b Name of husband or wife Lavid Duration years Immediate cause of death Cerebral Heoner Lage 6 c. If alive, give age Birth date of deceased (mo., day, yr.) Months Years Birthplace Usual Occupation Other Conditions PHYSICIAN Industry or business (Include pregnancy within 8 months of death) Underline the 12. Name amus Major findings: cause to which Of operations death should be 13 Birthplace charged statis-14. Meiden Name Samok Of autopay 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence. (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? (c) Cemetery or crematory (Specify type of place) (e) Means of injury 23. Signature Kalent

Registrar

# CERTIFICATE OF DEATH JA B Regulere \$3265

CERTIFICATE OF THE PROPERTY OF			
2. USUAL RESIDENCE OF DECEASED:			
(a) State Md. (b) County			
10-11			
(c) City or town Dummore RURAL	, and give town		
3 238 Gentinodan	( hat		
ill real give location)	· .		
11842/	yenta		
e) If foreign born, how long in O. S. A.r			
nautor			
MEDICAL CERTIFICATION	w-C-		
DATE OF BEATH / LOW 25 197 3	1. at // // M		
20. DATE OF DEATH     200	d; that lattend-		
1 desired from Aug 18 1939, to live	25 1939.		
and that I last now have on Mov. 24, 19	139.		
II .	Duration		
Thermorn of Alburach	4410.		
Due to			
Melastono mo Brock.			
Other Conditions			
declare are grant v within 3 months of death)	PHYSICIAN		
Major findings:	t nd rin 1h		
Of operation themoun of Detumen	just he idle		
1933	harged state		
Ol autopsy / Love	lically		
(a) Accident, suicide, or homicide			
Date of occurrence			
(City or town) (Con			
(d) Did injury occur about home, on farm, industrial place, in publi			
place? (Specify type of place)			
23. Signature Take of the water M. D.			
1037Talls Rosed Date of	uned///26/3		
Address //			
	(a) State Mo. (b) County  (c) City or town Call More (If outside city or town limits, write RURAL (If read riveylocation)  (d) Street No. 2938 Fund Madden (If read riveylocation)  (e) If foreign born, how long in U. S. A.?  MEDICAL CURTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above state ed deceased from Aug. 28 1939, to fundant that I last naw have alive on two. 24, 19 Immediate cause of death  Due to Receive of death  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operation furnous of Dominic (a) Accident, suicide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (city or town) (Controlled)  (d) Did injury occur about home, on farm, industriand along)		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

08 F 63266

CENTILION		
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:	9. /	
Baltimore City, Maryland	a State 1 ds. (b) County	
Street address 3/22/lmmalor L.C.	(c) City or town Dallmore write RURAL	
lospital or institution:		MIN TOWN
/	on Street No. 3/22 / Lemington	loca.
ar days)		
Length of stay in hospital or inst. yrs., mos., or days)	V ( 1 how long in U.S. A?	year
Length of stay in hospital or inst. (yrs., mos., or days)	f It toreign born, now long in Control	
. / 04 14	261)	V
FULL NAME ( enjamin 1). 1860	MEDICAL CERTIFICATION	73
If veteran, name war 3 (c) Social Security Account		118 M
No.	20. DATE OF DEATH / 207 25 1939	
5. Color of race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that l attend-
till divorced by drill	NOV 20 1929, tol	19-1
al some many	and that last saw him alive on Nov. 25 19	34.
Name of husband or wife / My Money	II .	Duration
6 c 11 white, give age	Immediate cause of death	
Birth date of deceased mo. day, yr - M. 25-1850	-4100	
AGE: Years Months Days If less than one day	Hamilonia	
PO 10 The hr., min.	Due to Myster	
1 H t. J. Por ma.		
Birthplace (Town, co. no. and tate)	Due to	
Illandonada M. II.	P. d. ii	
Usual Occupation	Other Conditions Parolynia	
Industry or husiness	Carebras Vorcular & menths of death	PHYSICIAN
12. Name House	Major findings:	t adecline the
13 Birthplace Maruland	Of operations	came to which
S A MAN		harged lat -
14 Maiden Name Miller VIV	Of sutemen	ticully.
15. Birthplace	Of autopsy  22. If death was due to external causes, fill in the fi	ollowing:
	22. If death was due to external causes, in	
a Informant / M. Ma May Milly	(a) Accident, suicide, or homicide	
/ n = = 0 10 =	b) Date of occurrence	
a Durial b Date thereof by (dus) (year	(Cety or town) (Cety	unity) (State)
Ill rial, remation, or remove to my tonk	(d) Did injury occur about home, on farm, industrial place, in publi	
Cemetery or crematory	While at Work?	
Location Dotumbre	(Specify type of place)	
a Funeral director Voyace to Jungel	(e) Means of injury () An aux	
2/2/ 4/1/ //	23 Signature	M, D
(h) Address	Address 351 James Date a	igned 11 27/
(a) Registrar	Address	/ 12
thate rec'd by regularar)		

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 63267 4 B Registered No.

	Approximate the second of the	
OF OF DELTH.	2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH: altimore City, Maryland	(a) State Md. 1. County	
reet address 4932 Park Heights we	a) State 1111.	
reet address 7/3 d/ ans / wynes a	ic City or town & CAM mit write RURA	I. and give hown)
copital or institution:	direction distribution	1/1.
	of Great No. 4932 Purk Heur	my and
ength of stay in hospital or inst. yrs., nios., or days		_
ength of any or days H	If foreign born, how long in U. S. A.?	years
erigth of stay in Baltimore (yes, mos., or days)		
FULL NAME Farmy Bleen		
A COURT	MEDICAL CERTIFICATION	
II veteran, management	20. DATE OF DEATH W 26 193	9. At 5 A M
No. 5 Color of race 6 a Single, married, widowed, or	t and the date above sta	ted, that lattend.
1 divorced 2.1	ed deceased from Qct 18 1939, to Wo	NA 1939
male white will on	and that I last saw her alive on Units	1939
Nome of husband of wife dato ( vally J.		Duration.
the state of the s	D - B - Love	quedo
rth date of deceased mo, day, yi O A 19, 187	3 dans contraction	1, "
GE: Years Months Days If less than one day	The state of the s	
66 1 7 hr. mir	n. Due to	
Wida Rushaa		
orthplace (August and tate)	Due to	
Usual Occupation		
Unual Occupation Industry or business House Wife	Other Conditions	PHYSICIAN
Sloglian Shapin	(Include Pregnary within 3 months of death)	
h	Major findings:	t'nd rine t
13 Birthplace Rega	Of operations	death should
14. Maiden Name Yetta Welmbling		charged at
	Of autopsy	
15. Birthplace	22. If death was due to external causes, fill in the	tollowing:
a Informant feltrude	(a) Accident, suicide, or homicide	
1) Address 4432 Park Height a	(b) Date of occurrence	
(a) Date thereof	17/1 Jid injury occur?	cunty) (State
(month) (day) ye	I have industry	nal place, in put
Cemetery or crematory Aloung fun un	While at y	work?
Location Bowleys Law 12.	place? (Specify type of place)	, .
THE STATE OF THE S	(e) Means of injury An	, 6
(a) Funeral director sol forth, an	23 Signature Much 21	W I
1) Address // W-20 UV VIVIUS	23. Signature Address 404 Rusters Am Rd Date	signed M/ X6/.
(a) A. Registrar	Address 709 Water Minnies Date	menco / /

## F 63268

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

>					
. / .	1	3	II.	632	68
10	4,	Reg	istered	W:	1 )()
/ /	~				

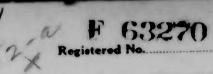
		<u> </u>	
PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland		(a) State Maryland (b) County	
Street address. Bultimo	re Maryland		
Hespital or institution:		(c) City or town Baltimore (If outside city or town limits, write RUR.	AI. and give town)
Baltimore City Hos		A COL S Dentalau St	
Length of stay in hospital or	inst. (yrs., mos., or days)	(If rural give location	)
	yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
a) FULL NAME	P. Thomas		
b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	
dien Tar	No. Youe	20. DATE OF DEATH proventur 21 1939	1 at 5 39 AM
Sex 5. Color or race	6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	ted; that lattend-
ala White	divorced.	ed deceased from april 17 1933, to he	
b Name of husband or wife		and that I last saw h .un alive on huv. 21	19 39 .
	6 (c) If alive, give age years	Immediate cause of death	Duration
Birth date of deceased (mo., d	lay, yr.) 10-18-1852	artino lentic Heart alixan	whenm.
AGE: Years Months D			_
87 1	3 hr. min.	Due to	-
Birthplace	2		-
C	Town, county, and state)	Due to	-
Unual Occupation Carpen	iter "e' …		
Industry or business	0	Other Conditions	
12. Name Julia		(include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace	253	Major findings: Of operations	Underline the
14. Maiden Name Mary	Smith	Or operations	death should be
15. Birthplace	116.	Of autopay not done .	charged statis- tically.
	0	22. If death was due to external causes, fill in the	
a Informant Records	**	(a) Accident, suicide, or homicide	
b Address	re City Hospitals	(b) Date of occurrence	
Burial, cremation, or remova	(b) Date thereof 11. 22. 22.	(c) Where did injury occur?	
The state of the s	Maltimore Mational	(d) Did injury occur about home, on farm, industria	unty) (State)
Location Trail		place? While at wo	
(a) Funeral director 20her		(Specify type of place)	
		(e) Means of injury  23. Signature	
(b) Address States and the	10111H + 0H	0/10/1/	м. р.
(Date sec'd by manterar)	Registrar	Address Stille Wy Yorg . Date si	gned 11- 15- 34
(Date rec d by mentrar)	Replaced	The second secon	

F 63269 Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Held. (b) County Litter.	
Street address	(c) Co or town Town	
Hospital or institution:	(c) Cor town / EUV	and give town)
touch home & intimery.	11/11/1	
Length of stay in hospital or inst. (yrs., mos., or days) 3117.	d) Street No. 6 Cfc La Rd. (If rural give location)	
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
o FULL NAME Secret III. Price	(	
b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH NOV. 26 1939	. at 73 AM
Sex 5. Color of race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
Wale White divorced Married	ed deceased from Nov 1. 1937, to lov	26 1939.
b) Name of husband or wite Frica F. Ruce	and that I last saw h 1 h alive on Nov 2 6 19	37.
6 (c) If alive, give age years	Immediate cause of death U1-em ia Tani	
Birth date of deceased mo, day, yr Aug. 23,1869	18401-0 neph 1-0518	1~
AGE: Years Months Days If less than one day	Dires ATIC My pertrepty	3 7 - 5.
6970 3 4 hr. min.	Due to	-
		over
Birthplace Maryland (Town, county, and state)	Due to	
Usual Occupation At III	Other Conditions	
Industry or business (letres	Other Conditions	
12. Name Mordice Price	Include pregnancy within 3 menths of death;	PHYSICIAN
13. Birthplace MId.	Major findings:	Underline the
	Of operations	cause to which
14. Maiden Name Lot W ( Armacoet		charged statis-
15. Birthplace 7114.	Of autopsy	tically.
a Informant Habital Perord	22. If death was due to external causes, fill in the fo	llowing:
(b) Address June / Home	(a) Accident, suicide, or homicide	
(a) August 1 Date thereof Most. 29,1939	(b) Date of occurrence	
Burial, cremation, or removal) (month) (day) (year)	(City or town) (Coun	ity) (State)
(c) Cemetery or grematory Forlet Daptie Clen.	(d) Did injury occur about home, on farm, industrial	place, in public
Location batterney Co., Hed.	place? While at wor	k?
(a) Funeral director John Burney Sores	(e) Means of injury	
(1) Address / Toposon, Mid.	23. Signature D. Remburn	
(a) (a) 10.20 (b) Registrar	Address Cauren None laf. Date sign	M. D. ned // 26/3;

F 63270

## BALTIMORE CITY HEALTH DEPARTMENT



CERTIFICATE			
A CE OF REATH.	2. USUAL RESIDENCE OF DECEASED:		
LACE OF DEATH: Baltimore City, Maryland	(a) State Maryland b) County Baltims	w	
Street address 6000 Bellona an	(a) State // C		
Street address 6000 /Second	(c) City or own Rural annualis	and rive town)	
Hospital or institution:	Of Control of the Con		
Edgewood hursing 14	Id Strate No. 502 Overbrook Coad	-	
Length of stay in Baltimore (yrs., mos., or days) 47 yrs.	47	years ,	
Length of stay in Baltimore (yrs., mos., or days) 47 95.	(e) If foreign born, how long in U. S. A.? 47	-/	
FULL NAME Lovers Eisel	MEDICAL CERTIFICATION	- 0	
If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH 23 1929  21. I certify that death occurred on the date above state	. at 3 M	
Male white divorced. Widowed, or	21. I certify that death occurred on the date above state ed deceased from Jole 3 19.3 %, to No.	1939.	
male white widowed	and that I last saw h walive on 155 75 19	39.	
Name of bulantos wife Marie Eisel		Duretiea	
	Immediate cause of death Hemorrhoga		
Birth date of deceased mo., day, yr. ) Jan 20-1870	Carlesto Hamber		
AGE: Years Months Days If less than one day	- Hamman - Was a second of the second		
69 10 5 hr. min.	Contributori Brondinguemon	10	
Birthplace (Town, county, and state)	Due to		
Voual Occupation Retired Butcher			
Industry or business	Other Conditions	PHYSICIAN	
12 Name Wm & Eisel	(Include pregnancy within 3 months of death)		
	Major findings:	Underline the	
13 Birthplace Germany.	Of operations	death should be	
14. Maiden Name - Lenderkung		charged statis-	
	Of autopsy	tically.	
15. Birthplace Germany & Eisel	22. If death was due to external causes, fill in the	following:	
a Informant Wm D. Eisel	(a) Accident, suicide, or homicide		
(1) Address SOL CUCLOTOR RYDA	(b) Date of occurrence.		
(a) Burial (b) Date thereof Nov. 28/3 (month) (day) (year	(c) Where did injury occur? (City or town) (Co	unty) (State)	
(Buris), cremation, or reaction	(d) Did injury occur about home, on farm, industrie	al place, in publi	
(c) Cemetery or crematory and made	While at w	ork?	
Location Dallimore	(Specify type of place)		
a Funeral director Single 6.	(e) Means of injury	ile	
(6) Address ED 2- Mudison les	23. Signature	m. D./3	
(d) Registrar	Address of Jos Janes	+ + + + + + + + + + + + + + + + + + +	

Registered No.

ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
altimore City, Maryland	(a) State Mcd. (b) County	
treet address 32	(c) City or town Salfo.	
familial or institution:		L and give town)
resal German aged Home	d) Street No. 22 S atha	e aux
	d) Street No (If rural give location)	
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
ength of stay in Baltimore (yrs., mos., or days)		1/
FULL NAME John List	MEDICAL CERTIFICATION	
If veteran, name wat 3 (c) Social Security Account	MEDICAL CERTIFICATION	9
No.	20. DATE OF DEATH 2 24 193	. at 5PM
5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	ted; that I attend-
Call W divorced. Sung	ed deceased from Dec . 15/319 tallec	24/09
	and that I last saw h 1m alive on Dec . 24/3	B
Name of husband or wife	Immediate cause of deeth	Duration
11111111		
If I date of decease one day	Broncho-Pneumonia.	b.daye.
ORG TESTS INTONOUS		
75 hr. min.	Multiple Sclerosis.	Unknow
untiplace Ballimore, and	Due to	L
fown, county, and state)		
Usual Occupation	Other Conditions	-
Industry or business		PHYSICIAN
12. Name of the Lest	(Include pregnancy within 3 months of death)	
	Major findings:	Underline the
13. Birthplace Unhammy	Of operations	death should b
14. Maiden Name Auguster List		charged statis
15. Birthplace Unbrown	Of autopay	tically.
	22. If death was due to external causes, fill in the	tollowing:
(a) Informant central serman right to	(a) Accident, suicide, or homicide	
(b) Address 22 5 attal au	(b) Date of occurrence	
a) Burial (b) Date thereof 11/27/31	11 in item occurs)	County) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industr	
(c) Cemetery or crematory	While at v	work?
Location dy on de on un prometer	place? (Subjecty type of place)	1 .
(a) Funeral director Harry A. Truttette	(e) Means of shyry	ohund
un los dans and dans a	23. Signature College / Was	Y D
(b) Address 101 Comment		eignedDec . 2
10 6 (b) E To Fitt Reputited	Address 933 Hanover St. Date	X

N	F	63	3272
Regis	tered	No.	

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	(a) State Md (b) County
Street address / 410 M. Broadway Hospital or institution	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 1410 M. Broadway  If rural give location)
Length of stay in Baltimore (yrs., mos., or days 80 Mr 20 day	(Me) If foreign born, how long in U. S. A.) years
	placell
h) If veleran, name war 3 c Social Security Account	MEDICAL CERTIFICATION
No. your	20. DATE OF DEATH NOV 2 4 1939, at 3 9 M
Sex 5. Color or race 6 a Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Male White divorced Marrird	ed deceased from 129, to 11-14 1939.
7 Name of hueband or wife Margahet Jamphorle	and that I last saw h Amalive on 11/14 1939.
6 (c) If alive, give age 179 years	Immediate cause of death Duration
Birth date of deceased mo, day, yr. Nov 4 = 1859	metral Illnosis 10 min
AGE: Years Months Days If less than one day	
80 20 hr. min.	Due to .
Birthplace Baltinore Md	Due to
Usual Occupation VIIIV	Other Conditions My Jurilal
Industry or business Howe	
12. Name	(Include po gnancy within 3 months of death)
13. Birthplace Not Sanour	Major findings:  Of operations  Underline the cause to which
14. Maiden Name Not Known	death should be
	Of autopsy of the tirally.
15. Birthplace	22. If death was due to external causes, fill in the following:
10 Informant Margaret Gampleell	(a) Accident, suicide, or homicide
(b) Address 14109. Broadway	b) Date of occurrence
a Burial b Date thereof Nov 27/39 Berial remarks or removals	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory Loudon Park	d) Did injury occur about home, on farm, industrial place, in public
Location Firedrick Road	place? While at work?
(a) Funeral director Ofring	(e) Means of injury
(b) Address / 203 M. Broadway	23. Signature M. D.
(W) (and reaches represent)	Address / John // Daway Date signed 11/27/39
V8 3 0 2747	

1.1	444	-	00	2
a	17	65	. 62	
R.	- Ster	ed R	6	273
***				

BALTIMORE CITY HEA  CERTIFICATE	OF DEATH V	
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:	(a) State Maryland (b) County	
altimore City, Maryland	m 1 Al ma	
treet address 4940 Englern Avenue	(c) City or town Ball time re (If outside city or town limits, write RURAL	and give town)
	The state of	
Baltimore City Hospitals	(d) Street to. 36 S. Hughes St.	The state of
ength of stay in hospital or inst. (yrs., mos., or days) 2days		years
ength of stay in Baltimore (yrs., mos., or days) 25 yrs.	(e) If foreign born, how long in U. S. A.?	
FULL NAME	MEDICAL CERTIFICATION	CY
If veteran, name war	DISTOR NEATH nevember 22 1939	at II AM
No.	I - Alada above state	O' Iller I access
ex 5. Color or race 6 (a) Single, married, widowed, or divorced.	1 1937 10	
Colored divorces. widowed	and that I last saw have alive on how . 22 19	39
N of husband or wife 1' ry		Duration
O (C) II allow, Error	B. a Late summer	8 days
firth date of deceased mo., day, yr Dec. 25 - 21872	Bun be premium	-
If less than one day		
AGE: Tearn Months min.	Due to	
		445
Sinhplace Va. (Town, county, and state)	Due to	
Limit Occupation Laborar	Other Conditions generally I entires durin	uhum
Usual Occupation Laborar (	Other Conditions	PHYSICIAN
	(Include pregnancy within 3 months of death)	-
12. Name Marson Jones	Major findinge:	Underline the
13 Birthplace V.	Of operations	death should l
14. Maiden Name Bertin Virginia Berkiny		charged stati
Vo.	Of autopsy hot dine.	
15. Birthplace V8.	22. If death was due to external causes, fill in the	ioliowing:
a Informant Becords	(a) Accident, suicide, or homicide	
(b) Address Bultimore City Hopitals	(h) Date of occurrence	de la companya de la
Quisi b) Date thereof 11 - 27-3	9 Where did injury occur?	nunty) (State)
(Buriat, cremation, or removal)	Did injury occur about home, on farm, industri	al place, in pub
(c) Cemetery or crematory mil Cuntur	While at w	ork?
I ocation Bullimon City	place? (Specify type of place)	
Locial & Burn	(e) Means of injury	
(a) Funeral director Manual Somery It.	23. Signature / Muragle loste	M. D.
b) Address 10 1 W Monty minimum 11	Palto City Hors Date	signed #-24 -
(a) Date rec'd by registrar (b) b4 Registrar	Address	

	, 50399 TSDC00174
BALTIMORE CITY HEALTH DEPARTMENT	Registered No.
CERTIFICATE OF DEATH	131

ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Saltimore City, Maryland	(a) State (b) County
treet address 4940 Kastern Avenue	(c) City or town (If outside city or town limits, write RURAL and give town)
dospital or institution:	(If outside city or town limits, write RURAL and give
Valuatione City Page 1818	(If outside city or town limits, write RCRAD and Chester Street
Length of stay in hospital or inst. (yrs., mos., or days)	
ength of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
	V
FULL NAME Joseph Zack, Jr.	MEDICAL CERTIFICATION
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH Nov > 4 1937, at 2:502 M
No.	20. DATE OF DEATH / VOV
ex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that I attended the deceased from F. Juny 419 37, to 10 24 19 39
divorced.	and that I last saw have alive on 100-1419 7.
Name of husband or wife	and that I last saw hand affect of Duration
6 c It alive, give age	Due to Patent Intreventraly
birth date of deceased (mo., day, yr.) Oct. 14, 1938	Congenity
GE: Years Months Days If less than one day	Patent Introventraly
1 10 ht. mir	Septime
Birthplace B (Town county, and state)	Due to
A CONTRACTOR OF THE PARTY OF TH	D f . ude
Unual Occupation Industry or business	Other Conditions Broncho 499
	(Heliude pregnancy within 3 months of death)
12. Name Joseph 2005	Major findings:
13. Birthplace Del 1 more	Of operations death should
14. Maiden Name Allos Miles	Of autopsy. Cas alone. charged sta
15. Birthplace Connecticut	22. If death was due to external causes, fill in the following:
(a) Informant Pecconds	(a) Accident, suicide, or homicide
(b) Address D C. House to an	(a) Accident, suicide, or non-
Buris (b) Date thereof Nov127-	- 50
(Rurial, cremation, or removal) (month) (day)/(ye	(c) Where did injury occur (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in pu
(c) Cemetery or crematory	While at Work?
Location YS allinear	(Specify type of prace)
(a) Funeral director Trek W Czasews	(e) Means of injury
a) Address 1930 Lasten Ly Olly	23. Signature
(6) Notice of line alle,	Address Salfa / No Date signed   Day
(Date rou'd by registrary	

I LIEALTH	DEPARTMENT	-CITY OF BALTIMGRES3275
275   HEALTH		E OF DEATH V 95-B
- ON DEATH	O IMILIO COLLA	Registered No
PLACE OF DEATH Y OF BALTIMORE: (No.X	la Balto gens	n hospital or institution, give lin NAME instead of street and number.)
rth of residence in city or town wi	here death occurred yr	mos de. How long in U. S. If of foreign birth?
WILL NAME Cahri	e may	ager specify WAR
1 2 34 14 No 34 14	Frouerick Ave.	St.,
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
	" at a Married Widowed	21. DATE OF DEATH (month, day, year) Wow. 24, 1939
$\omega$	or Diversed (write the word)	11-94-39 19 10 11-24-39 19
If married, widewed, or divorced HUBBAND of JOHN M.	Frazier Sr.	I last saw held alive on 11-24-39. 19. Death is said
ATE OF BIRTH (month, day, year)	May 20, 1892	to have occurred on the date stated above, at 3 10 11.  The principal cause of death and related enuses of Date of seast
GE Years Months	Duye If LESS then	Importance were as fellows.
A. Trade, profession, or particular	4 of min.	Cerebral hemorrhage 2. 11-24
kind of work done, as spinner, is sawyer, bushkeeper, etc.  5. Industry or business in which work was done, as eith mill, now mill, bank, etc.  6. Date dockneed hast worked at this occupation, (month and year)	11. Total time (years) spent in this eccupation 3 in C	7/1
HIRTHPLACE (city or town)	Ealtimore	For what disease or injury)
IL NAME Charles H.	Schultz	Name of operation
14. RINTHPLACE (city or town). (State or country)	Penna	What test confirmed dispression Was there an autoper 124. If death was due to external causes (violence) fit in also the following:
15. MAIDEN NAME CATTIE	Gosnell	lowing: Accident, suicide, or homicide?
16. HIRTHPLACE (city or town). (State or country)	Penna	Where did injury occur? (Specify city or fown, county, and State) Specify whether injury occurred in industry, in home, or in public
INFORMANTO: Frazie	er (Son)	place
(Address) 3114 Fre	ierick ave.	Manner of injury
BURIAL, CREMATION, OR REN PAIKWOOD Cen.	Date 10V. 27. 196	Nature of injury  Nature of injury in any way related to occupation of deceased
INRY SANDER & SONS	S. INC. Sen J. Jand	Was diestie of facility
(Address) Baltimore	& Broadway.	(Sumed Stangerel L. Ly M.
уцер, 10	C. L. Will Registra	(Address) SO FOOLSO JEW NO
27 1930	and Immania Way	
1000	1	

	V U	
LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Many and (b) County	
Street address 4940 Fistern Avenue		
Hospital or institution:	(c) City or town (If outside city or town limits, write RCRA	I. and give to wn;
Paltimore City Hospitals	3300 Sun Street, Feint	teld, Md.
	Sur Street No. (If rural give location)	
Length of stay in hospital or inst. (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	Year
Length of stay in Baltimore (yrs., mos., or days)	167 if foreign both, now long in C. S. A.	. +
) FULL NAME		
) If veteran, name war 3 (c) Social Security A	MEDICAL CERTIFICATION	245
No.	20. DATE OF DEATH howarden 24 1939	7. at 7 PM
ex   5. Color or race   6 (a) Single, married, widow	wed, or 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	red; that lattend-
F Golored divorced. Widowed	addeceased from Nov 24 1939, to he	N 24 1934.
Name of husband or wife Yma Mary (3.)	and that I last saw h Av alive on how, 24 1	934
Name of husband or wife 6 (c) If alive, give age	years   Immediate cause of death	Duration
Sirth date of deceased (mo, day, yr.)	848 Brenda pulmana	hulmon.
GE Years Months Days If less than one d		-
hr.	min. Due to	
(Town, county, and state)	Due to	
Usual Occupation		walnun
Industry or business	Other Conditions cerebral lumentage	
12. Name Henry Bradley	(Include pregnancy within 3 months of death)	PHYSICIAN
Viene Committee	Major findings:	Underline the
13 Birthplace	Of operations	death should be
14. Maiden Name Forbie Williams	not dene.	charged statis-
15. Birthplace Morth Carolina	Of autopsy	tically.
(a)Informant Records	22. If death was due to external causes, fill in the	tollowing:
(d) Address B	(a) Accident, suicide, or homicide	
(b) Date thereof // - 22	P 39 (h) Date of occurrence	
(Burial, cremation, or removal) (day	(City of fown)	ounty) (State)
(c) Cemetery or crematory any shund	(d) Did injury occur about home, on farm, industrie	al place, in public
Location M. Carolina	place? (Specify type of place) While at w	OIK?
TARRALINKL	al Made	
(a) Funeral director A Color Manager	Means of injury	
(b) Address. 7/8 & ma muo	23. Signature	M. D. signed //-24-39
(a) (b) (Date red'd by registrar) (b)	Address Oullo Coty Hosp. Date	ngnea // 47 39
(Dufe red's by registrat)		

	-	63277
3	F	53216
2		003
	Ren	istered No.
	Keg	istered ive.

	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland  Street address Hospital or institution:  Security of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	a) State aryland (b) County  (c) City or town paltimore, Maryland (If outside city or town limits, write RURAL (If rural give location)  (c) If foreign born, how long in U.S.A.?	and give town:
	TON!	
b) If veteran, name wat  No. None	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 26, 19 39	at 10 PeM
Sex 5 Color or race to (a) Single, married, widowed, or divorced 5 in 10	21. I certify that death occurred on the date above state ed deceased from 100. 21, 1930, 10,000 and that I last saw lobbs alive on 100 s. 20, 19	20, 19 39.
b) Name of husband or wife 6 (c) If alive, give age years	The state of the s	Duration 1 t days
Buin date of deceased mo. day, yr. July 4, 1890  AGE: Years Months Days If less than one day  49 4 21 hr. min	Due to Duodenal ulcer	Inknown
Buthplace Laltimore, Laryland (Towe, county, and state)  Usual Occupation City overnment Industry or business  12. Name Abrose J. Kennedy  13. Birthplace  Annie Lelonold	Major findings:  Of operations	PHYSICIAN  tinderline the cause to which death should be charged tatistically
14. Maiden Name Amie Ichonold  15. Birthplace Ireland  16. Address Baltimore, M. Date thereoffer 19,19  18. Burial or matice, or r news (month) (day) (year Location 4300 Cld Lynchenick Rd  Location 4300 Cld Lynchenick Rd  18. Eage 9 steel 1 the location 18.  18. Address 9 2 4 8, Eage 9 steel the land M. Registers M. Registers M. Registers M.	b) Date of occurrence	ounty) (State) ral place, in public ork?

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			7	
278		BALTIMORE CITY HE CERTIFICATE	OF DEATH VOT	3278
			2. USUAL RESIDENCE OF DECEASED:	
CE OF DEATH:	ryland		(a) State Maryland (b) County	
	a. arl	Lrive and elst St.		u via
1	on:			L and give town
5. larine	Posti	al, Ballimore, Mo.	di Street to. 3217 Saker Street If rural give location)	
ength of stay in he	altimore y	ra., mos., or days) 19 years	(e) If foreign born, how long in U. S. A.?	year
PRINT NAME				
FULL NAME	il. I	. MCV.	MEDICAL CERTIFICATION	
If veteran, name	war	3 (c) Social Security Account	PATE OF DEATH NOV. 25, 193	9 . at 6 : 05A 1
~		No. (a) Single, married, widowed, or divorced.  Married	21. I certify that death occurred on the date above sta	ited; that lattend
le inh	ite		and that I last saw h im alive on lov. 25,	19 39 .
Name of husban	d or wife	Ada E. Irinkwater 6 (c) If alive, give age years	1diate cause of death	Duration 10 days
		0 () 11 1111111	Coronary occlusion	10 443
	ed mo, d	ay, yr.) . ov. 8, 1875  ays If less than one day	* the wincel oronic	
GE: Years Me	0	17 hr. min.	Due to Arteriosclerosis	
inthplace Fort			Due to	
erthplace 2 02 0	1	Town, county, and state)	Dae to	
Usual Occupation	Coast	overnment	Other Conditions	
Industry or busine			(Include pregnancy within 3 menths of death)	PHYSICIA
12. Name Theor	fore Ro	C.K.	Major findings:	t'nderline cause to w
13. Birthplace		len County, Indiana	Of operation•	death should charged sta
14. Maiden Name	Lena	Mary Heitz,	Of autopsy Coronary occlusion	tically.
15. Birthplace Strasburg, Germany		burg, Germany	22. If death was due to external causes, fill in the	e following:
Barrer B	scords	-U. S. Marine Hospita	22. If death was due to external  (a) Accident, suicide, or homicide	
a Informant b) Address	altimo	re, Laryland.	(a) Accident, success (b) Date of occurrence	**
Buch	al	b Date thereof nov 78-3	(c) Where did injury occur?	County) (Stat
(Burial, cremati	on, or remov		Ded minry occur about home, on farm, indust	inal place, in pi
(c) Cemetery or	crematory	I me	while at	work?
Location	voor	110. Am White	(Specify type of pince)	
a) Funeral dire	901/01	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(e) Means of injury O. E. Lanney	26.1
(a) Address	rates	Stricks Sie	23. Signature	e signed II
01271	930 (6)	of return LY / White	Address . wering los Juba	e sugness
a and day	regitent!	A	Baltimore, Md.	

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Regi	atered	No

CERTIFICATE OF DEATH		
ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:  (a) State 13-11-11-11-11-11-11-11-11-11-11-11-11-1	
altimore City, Maryland		
ength of stay in hospital or inst. (yrs., mos., or days) 13 day	(d) Street No. 5.07 Source Plant (d) Street No. 5.07 Source (If rotal give location)	
ength of stay in Baltimore (yre, mos, or days)	(c) If foreign born, how long in U. S. A.)	
FULL NAME FRANCE Jackson	MEDICAL CERTIFICATION	
If veteran, name war	25 1939. at 2:55 AM	
ex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that lattended deceased from 12 1939, to 1901 5 1939, and that I last saw her alive on 1901, 25 1939.	
Name of husband of wife 6 (c) If alive, give age years	Intestinal Obstruction 13 days	
AGE: Years Months Days If less than one day	Due to Post operative Adhession	
Birthplace Scallo (Town, county, and state)  Usual Occupation	Other Conditions Shock + Dehydration	
Industry or business (16)	PHYSICIAN  Claubed programcy within 3 months of death)	
12. Name John C. West 13. Birthplace 14. Maiden Name Elizabeth Del	Major findings: Of operations Post operative A. och 8310 rease to which collapse + Distended Bowe   Collapse + Distended Bowe   Collapse + Distended Bowe	
u Distalan	Of autopsy  22. If death was due to external causes, fill in the following:	
(a) Informant Eugene Jacks (b) Address 5 7 Sampord (1)	(a) Accident, suicide, or homicide  (b) Date of occurrence	
(a) Bull (b) Date thereof (month) (day) (real (Borial, cremation, or removal)	(c) Where did injury occur? (City or town) (County) (State)	
(c) Cemetery or crematory AMA Company Location	place? (Specify type of place)	
(a) Funeral director & Bresslanan	23. Signature & Fromfilm Hullies M. D.	
(b) Address (b) Kepletrar	Address 1.5 14 Wineson Date signed 4/23/	

/	1
1	2 4 00000
26	R.F. 53280
カルー	Kelation Co

ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
altimore City, Maryland	(a) State NO (b) County	
treet address Cal Vix [ 5]	Balt mare	
lospital or institution:	(c) City or town Dolf: more cif outside city or town limits, write RURAL and give	town)
Mercy Hosp	if outside city of town limits, write it is a life rural give location)	
IVIETCY TIEF	d sice No. (if rurai give location)	
ength of stay in hospital or inst. (yrs., mos., or days)		year
ength of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	7
PIN L NAME		
huke provi	MEDICAL CERTIFICATION	
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH NOV 24 19 39, at 12.0	SPM
No.  5. Color or race 6 (a) Single, married, widowed, or	and the date above stated; that is	attend-
	1 december 06 7 24 19 39, 10 10 8 291	937.
11e colorea divorced. Separate	and that I last saw h /3D alive on Nov. 24.19 39.	
Name of husband or wife Source sive age years	Dur	ation
0 () It allow, give age	Immediate cause of death Janganous Junesanlitis and	4-
irth date of deceased (mo., day, yr.)	- Garagna	
GE: Years Months Days If less than one day	Due to	-
hr. min.	Due to	
hirthplace January and states	Due to	
(10Wh, edunts, and state		11/
Unual Occupation Industry or business Publice	Other Conditions	hu War
Industry of Business J. Brown		SICIAN
12. Name	Mains findings:	erline th
13 Birthplace Va	Of operations I woney yours pools for	to which should b
14. Maiden Name Emma Patterson	4.4	ed statis
15. Birthplace	Of autopey tically	
1). Birinpiace	22. If death was due to external causes, fill in the following	5.
a Informant Somes . W	(a) Accident, suicide, or homicide	
(b) Address 88 Russ ven no. 11/27 39	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year	(c) Where did injury occur? (City or town) (County)	(State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place,	in publ
Lives to the term of the term	place? (Specify type of place) While at work?	
Location Top 5 14 elson		
(a) Funeral director	(e) Means of injury Thomas Sexton	14 15
(b) Address 1 2 0 5 Colonia and and an arrange of the colonia and an arrange of the colonia and arrange of the colonia arrange of the colonia and arrange of the colonia and arrange of	1 27. 0.0	M. D.
(a) to the forther forther	Address Murry Hoat. Date signed h	

J. CR. Hite G. R. 281

LACE OF BEATH.	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH: Baltimore City, Maryland	a) State Med (b) County	
Baltimore City, Maryland Street address 1917 Chrostian 15	Ballerine	
Hospital or institution:	(If out ide city or town time, write ite	L and give town)
	1 7 Sico No. 4 2) of Mourae	
Length of stay in hospital or inst. (vrs., mos., or days)	The state of the s	years
Length of stay in Baltimore lyra miss, or days	(e) If foreign born, how long in U. S. A.?	
FULL NAME Dona Wolff		1048a
Il veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	
V No. V	20. DATE OF DEATH haveraber 25 129	
Sex 5 Color or race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the re-	mains described
ha worked married	above, held an Autory thereon and fro	om the evidence
1) Name of husband or wife matha 2. Wolf	obtained by said that said	deceased came
her Lewis ) 6 of If alive, give age 65 years	death on the day stated above	
Birth date of deceased mo, day, yr July 31 - 1874		Duration
AGE: Years Months Days Of les than one day	Immediate cause of death	
65 3 25 hr min	Cornery rolusion	
3. H.	Due to	
Birthplace Twi minty, and state)		
Caual Occupation Volument	Due to	
Industry or business		
12. Name Richard Walf	Other Conditions	
13. Birthplace Jumany	tinclude pregnancy within 3 menths of death	PHYSICIAN
14 Maiden Name Augusta Albricht	Major findings	Underline the
U.M.	Ol operations	death should be
15. Birthplace	Of autopsy	charged statis
a Interment has martha & Moly	22. If death was due to external causes, fill in the	following:
MAddress 2510 W. Franklin M.	(a) Accident, suicide, or homicide	
Dute thereof 1 28 39	- I I I D	
Barial gramation of semeral (day) (year	Where did miury occur?	ounty) (State
Cemetery or crematory, dead of the	d Did injury occur about home, on farin, industria	
Location freduch da - 13 also: m	while at w	ork?
(a) Funeral director The Water trans	(Specify type of place)	
2503 Edmonden me	Means of injury pay and and	M.E
127 - Hilliamana	23. Signature Medical Exami	ner.
Registrar Registrar	Date signed // - ) /	

		F	30282
	BALTIMORE CITY HEA	ALTH DEPARTMENT Registered N	Vo.
82	CERTIFICATE	OF DEATH	
	0 1	2. USUAL RESIDENCE OF DECEASED:	
E OF DEATH:	I lesy Horn	In de County	
timore City, Maryland	Frankling Hors	State Bally.	
eet address	how a flager - it	c) City or town	RAL and give town!
epital or institution		714 /uchmi	nd an
	or days	d) Street No.	)n) ,
ngth o stay in hospita	or inst. lyrs., mos., or day.	(e) If foreign born, how long in U. S. A.)	, ,
ngth of stay in Baltimo	ore yes, mos., or gays 22 yrs		1/
FULL NAME Will	liambarriger	Bowkey CERTIFICATION	1
//ric	3 c Social Security Account	1/2 25 19	39. at 4 5.P.1
f veteran, name war	No. 705-04-1491	20. DATE OF DEATH	sisted that lattene
5 Colgrania	ace 6 (a) Single superild, widowed, or	21. I certify that death occurred on the date above ed deceased from 0 4 1/ 19 39 to 7	200 25 19 3
In W	divorced Majory	and that I last saw h minister on Nor 2	5 T9 37.
Name of husband or	wife Allyabeth years	Immediate cause of death	Duration
		O: Jan Jane	over
rth date of deceased is	mo, day, yr		
GE: Years Months	Days 6 II less than min	Due to	
59 70	trotoha)		_
orthplace /20	( ) year county of say	Due to	-
Usual Occupation	lectroff the	Other Conditions	
Industry or busine	of Osto Kill	(Include pregnancy within 3 menths of death)	PHYSICI
12. Name Islo	call is ownery	Major findings:	Underline cause to w
13 Birthplace	newyorks	Of operations	death shou charged at
- 1	orly barriege	Citalons	tically.
14. Maiden Name (	ms. 10	Of autopsy  22. If death was due to external causes, fill in	the following:
15. Birthplace	Bowhay	22. If death was due to external consider (a) Accident, suicide, or homicide	
(a) Information	Tiela Kansab	(a) Accident, suicide, of h) Date of occurrence	
(b) Address	Var. 24-8	Z did injury occur?	(County) (Str
(Burial cromatica, o	(b) Date thereof (month) (day) (ye	about home, on farm, ind	lustrial place, in p
Cemetery or crep	. 1/	The same of the sa	at work?
///	freha many	(Specify type or the	11
Location Location	John. a. Mou	(e) Means of injury	Joseph
(a) Funeral director	13000 E. Ballum	12 3. Signature	Date signed 11/
b Address L	the deal williams of Marine	Address 462 Fight 10mg	/
Dat nedly reg	unit of the		
	1000		

HEALTH DEPARTMENT	-CITY OF BALTIMORE
3283 CERRIFICATI	T OOKOO
1. PLACE OF DEATH	Registered No.  (If death occurred in a hospital or institution, give its NAME instead
Angth of residence of the course of the occurred byre.	of street and number.)  on ds. How long in U. S. If of foreign birth?yramonds.
2. FULL NAME	If U. S. Veteran specify WAR
(a) Residence No 22 (Usus place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ale Color or Race S. Single, Married, Widowed.	21. DATE OF DEATH (month, day, year) 2 , 193  1 HEREBY CERTIFY, That I attended deceased from
HUNBAND of Commit (or) WIFE of Commit	I last saw h alive on 17 2 1933 Death is said to have occurred on the date stated above, at 1933.
DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of importance were as follows:
76 426 Months Days II dayhrs.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
a. Trade, profession, or particular about	Carpers Vacant
S. Industry or hendress in which work was done, as silk mill, ease mill, bank, etc.  10. Thus decembed had worked at this occupation, much and spent in this occupation, much and securities.	Other contributory causes of impertance. [3]
MINTHPLACE (etty or town) Warrenton Va.	Was an operation performed?  Date of —  For what disease or injury?
13. NAME	Name of operation
(State or country) Unknown	What test confirmed did.  Was there an autopay  23. If death was due to external causes violence) fill in also the for- lowing:
16. BERTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town) 7.07.	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
INFORMANT 207 augusth IV	Manner of injury
The from Camelly Date 11/27/ 1039	Nature of injury  24. Was discuse or injury in any way related to occupation of deceased?
222. N. Schweder St.	dele an
MOV 27 1020 Hanting / 14 1000	- De Janos

BALTIMORE CITY HEALTH DEPARTMENT FROM THE CONTROL OF DEATH OF THE CONTROL OF THE	
CE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
ltimore City, Maryland	(a) State County
reet address 2624 1 porte 14 m Land	(c) City or town On the city or town limits, write RURAL and give town)
Baltimore City Hospital	(d) Street No. 435 W. 23rd St.
ength of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
ingth of they in bandinote your	
FULL NAME Carmela Osetano	MEDICAL CERTIFICATION
If veteran, name war 3 (c) Social Security Account	2 5 193/ at /0 - 1M
5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattended deceased from 11-6 1937, to 11-251937.
mola Wilto Wilto	and that I last saw her alive on /1 - 257937.
Name of husband of wife	Duration Duration
6 (c) It alive, give age	food operative respectatory and few gones
rth date of deceased mo., day, yr ) The stan one day	Cerculatory Barbers /
E: Years Months Days If less than one day	Donate Prelimphritie
The state of the s	Shobete mellitre
rthplace (Town, county, and tate)	Due to
Usual Occupation	O.L. C. Privat
ndustry or business	Other Conditions PHYSICIAN
2. Name Micholas Detorio	(Include pregnancy within 3 months of death)
The state of the s	Major findings:
1 DRCHP	charged stati
14. Maiden Naine America 2	Of autopsy tically.
15. Birthplace	22. If death was due to external causes, fill in the following:
(a) Informant Records	(a) Accident, suicide, or homicide
(b) Address C That I am	(b) Date of occurrence
a Plustice b Date thereof 11/2877 (month) (day) (ye	(c) Where did injury occur? (County) (State
Cemetery or crematory Kew Calludana	(d) Did injury occur about home, on farm, industrial place, in pub.  While at work?
	place? (Specify type of place)
Location Codward Foul	(e) Means of injury
(d) Funeral director 2740 week Pelve	TIN TUO SUNTAND.
(b) Address - 1 7	Address Date signed Date signed

F 63285

Registered No.

OZ., T. I. O.	- 4	
LACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Md (b) County	
Street address	n ha	
Manufal or institution	(c) City or town Dallamout (If outside city or town limits, write RURA	AL and give town)
JORIS ROTALES BOSPITAL	Jource No. 26 h. Bruce It.	
ide	(If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days) / du	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	years
Length of stay in Baltimore yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	
Unni Waday	MEDICAL CERTIFICATION	30
II veteran, name	0 . 4	9. at 1 a.M
No.  5. Color or race 6 (a) Single, married, widowed, or	20. DATE OF DEATH how 23 1932 21. I certify that death occurred on the date above star	And the second s
Sex 5 Color or race 6 (a) Single, married, widowed, or divorced.	ed deceased from Nov 2 2 1939, to	- 23 19 39
regro Widowed	and that I last saw her alive on how 23	1939.
1) Name of husband or wife Warner Waddy	and that I last saw her alive on the	Duration
6 (c) If alive, give age years	Immediate cause of death Diobetic Acadosis.	? 3 days
Birth date of deceased mo, day, yr		
AGE: Years Months Days If less than one day	Diabetes mellitus	
51 hr. min.	Due to	
Birtholace Unknown	Due to	
(Town, rounty, and state)	Due to	_
Usual Occupation	Other Conditions Hyper fens ive C-V	nue
Industry or business	The state of the s	PHYSICIAN
12. Name James Smith	(Include pregnancy within 3 months of death)	Underline the
is plant to ma	Major findings: Of operations	eause to which
14 Maiden Name Rebrecca Johnson	Ot operations Augusticent	death should be sharged statis-
15. Biriliplace Calvert Co. md.		tically.
	22. If death was due to external causes, fill in the	following:
a Informant Records -	(a) Accident, suicide, or homicide	
(b) Address	(b) Date of occurrence	
a Burel b Date thereof (month) (day) (year	(c) Where did injury occur?	ounty) (State)
(Burini, Crematition, of Francisco, Co. 1)	d) Did injury occur about home, on farm, industri	
(c) Cemetery or crematory	place? While at w	ork?
Location WY. C.	(Specify type of place)	
(a) Funeral director Mrs. Katie. R. William	(c) Means of injury Arlan Scott H	unt-
Midny 322. N. b chrocaled Dr.	23. Signature	м. D.
10 1 27 1309 The truston luliques	MAddress Johns Hopkins Date	signed 11-45-7
Date reed by registrari	4 Hospital	
		- Aller Street

## CERTIFICATE OF DEATH

F 63286

LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Md. b) County Baltimore	
Street address 2212 South Ro.d .Mt. Washingt	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town	n)
Length of stay in hospital or inst. (yrs., mos., or days)	de Sreet No. 2212 South Road, Mt. Washington	-77
Length of stay in Baltimore (yrs., moa., or days) 40 years	(e) If foreign born, how long in U. S. A.?	n re
FULL NAME  Rev. Luther P.Wolf D.D.	CERTIFICATION	
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH NOV. 25.1939 19 . at	M
5. Color or race 6 (a) Single, married, widowed, or divorced.	ed deceased from Jun 1 1996, to New 25 193	nd- 4
	and that I last saw h imalive on nov. 25. 19 39.	
Name of husband or wife Alice Benner Wolf 6 c If alive, give age 80 years	Describe	
Birth date of deceased (mo., day, yr.) Nov.29.1857	Mittel Strusses	
AGE: Years Months Days If less than one day  81 11 27 hr. min	Due to Myosarchal change.	
Usual Occupation Clergyman Industry or business retired	Due to Nephrorliathiair  Other Conditions	
12. Name George Wolf	(Include pregnancy within 3 months of death)	AN
P	Major findings: Underline	
1) (ment)	death should	ld be
14. Maiden Name Fleanor Rittinger	charged st	atis
15. Birthplace Penna.	22. If death was due to external causes, fill in the following:	
(a) Informant Eleanor B. Stewart (b) Address 5300 St.Albans Way	22. If death was due to external causes, in in the community (a) Accident, suicide, or homicide (b) Date of occurrence.	
burial b Date thereof Nov. 27.19 (month) (day) (year	(City or town) (County) (State	
Cemetery or crematory Druid Ridge	(d) Did injury occur about home, on farm, industrial place, in puplace?  While at work?	
(a) Funeral disease John Outstellell	(Specify type of place)  (e) Means of injury	-
(a) Address 1500 Eutaw Place Williams MS	Address 3301 N. Charles St. Date signed	).

F 63287

## CERTIFICATE OF DEATH

/	#	632	287
121		agistere	1 No

2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (b) County ) Baltimore City, Maryland (a) State 1036 n. Central and Street address (If outside city or to Hospital or institution: 1036 Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yrs., mos., or days) Luft (a) FULL NAME C MEDICAL CERTIFICATION 3 (c) Social Security Account Nov. 25 19 34, at 12 A.M b) If veteran, name war 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or 19.89, 10 Nov 15 19.89. 5. Color or race and that I last saw h h. alive on N. N 23 193 years d (t) If alive, give age Birth date of deceased (mo., day, yr.) 700 5, If less than one day Months Years Due to min. Due to Birthplace (Town, county, and state) 3 km mestes Other Conditions M Usual Occupation PHYSICIAN Industry or business (Include pregnancy within 3 months of death) Underline the Major findings: cause to which Of operations death should be 13. Birthplace charged statis-Of autopsy ..... 14. Maiden Name 22. If death was due to external causes, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide (b) Date of occurrence (b) Address (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public While at work? (c) Cemetery or crematory place? (Specify type of place) (e) Means of injury 23. Signature Registrar (a) Date roud by registrat

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



NACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State Md. (b) County Baltimore	
Street address/	(c) City or town Catonsville (If outside city or town limits, write RURA	
Length of stay in hospital or inst. (yrs., mos., or days) I day	Street No. 4 Ridge Road (If rural give location)	
Length of stay in Baltimore (yrs., mos., or days) 1 Day	If foreign born, how long in U. S. A.) 30 Yes	
FULL NAME  3   Social Security Account No. 214-03-6508	MEDICAL CERTIFICATION  20. DATE OF DEATH Mov 24 1935  21. I certify that death occurred on the date above state	ed; that lattend-
divorced arried	ed deceased from 21 ty 23 1939, to 22 0	· 2 4 19.58.
b) Name of husband or wifeAdelaide Flalock Dilly 6 (c) If alive, give age 34 years	and that I last saw hem alive on 172 or 24 !  Immediate cause of death from lend	Duration
Birth date of deceased mo., day, yr May 18th 1894  AGE: Years Months Days If less than one day  45 6 6 hr. min.  Birthplace Scotland (Town, county, and state)  Usual Occupation Ormercial Artist	Due to Chronice Mitri.  Due to	- Have
. Industry or business Morton Advertising Co.	Other Conditions	PHYSICIAN
12. Name Samuel Dilly 13 Birthplace Scotland 14 Maiden Name Agnes Cibson	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy	Underline the cause to which death should be charged statistically.
15. Birthplace Scotland  (a) Informant Mrs Adelaide B. Dilly (b) Address 4 Ridge Rd., Catonsville, Md.	22. If death was due to external causes, fill in the	following:
Burial (Burial cremation, or removal)  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)  (Cometery or crematory Loudon ark  Location Faltimore, Ld.  (Burial cremation, or removal)		ork?

College Reduced of Steere 17.  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  Cold  City or town Saclamore (if outside city or town limits, write RU  Of Street No. 2 10 7 Hospital city or town limits, write RU  Of Street No. 2 10 7 Hospit	years  1  34, at 10 59: M
Street address.  Hospital or institution:  Length of stay in hospital or inst. (yra., mos., or days)  Length of stay in Baltimore (yra., mos., or days)  Length of stay in Baltimore (yra., mos., or days)  FULL NAME  Of Social Security Account No.	years  1  34, at 10 59: M
Street address  Hospital or institution:  Length of stay in hospital or inst. (yra., mos., or days)  Length of stay in Baltimore (yra., mos., or days)  FULL NAME  If veteran, name war  No.  Street No. 2 10 1 Johnson (If outside city or town limits, write RU)  Street No. 2 10 1 Johnson (If rural give location)  MEDICAL CERTIFICATION  No.  Social Security Account  No.  Depter No. 2 46 19  20. DATE OF DEATH  21. I certify that death occurred on the date above to the contract of the date above to the contract of the contract	years  1  34, at 10 59: M
Hospital or institution:  Hospital or institution:  Hospital  Hospital  Street No. 2107 Hospital  If rural give location  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  Of Social Security Account  No.  Social Security Account  No.  Social Security Account  No.  Social Security Account  No.  10 DATE OF DEATH  11 O-1. 2 K 19  21. I certify that death occurred on the date above to the stay in limits, write RU  (If outside city or town limits)  (If outside city or town l	years  1  34, at 10 59: M
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  Of Social Security Account No.  20. DATE OF DEATH  21. I certify that death occurred on the date above to the stay of the sta	years  1  34, at 10 59: M
FULL NAME    Color of race   6 (a) Single, married, widowed, or   21. I certify that death occurred on the date above to   10	34, at 10 59:M
FULL NAME    FULL NAME	34, at 10 59:M
FULL NAME    FULL NAME	34, at 10 59:M
FULL NAME    FULL NAME	34, at 10 59:M
FULL NAME    FULL NAME	34, at 10 59:M
MEDICAL CERTIFICATION  3 (c) Social Security Account  No.  10 J. 24 19  20. DATE OF DEATH  21. I certify that death occurred on the date above the security of	34, at 10 % M
MEDICAL CERTIFICATION  3 (c) Social Security Account  No.  No.  Dept.  20. DATE OF DEATH  21. I certify that death occurred on the date above the security of	34, at 10 % M
No. No. 20. DATE OF DEATH  20. DATE OF DEATH  21. I certify that death occurred on the date above the series of th	
Sex   5. Color or race   6 (a) Single, married, widowed, or   21. I certify that death occurred on the date above to   No.   23. 10 % to	
Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above.	stated: that attend-
To le While divorced Marriel ed deceased from	100 24 19 29
	10 20
and that I hat anw h in alive on	19 07
b) Name of husband or wife to wearn vents to husband or wife to save of death	Duration
6 (c) If alive, give age yeary Immediate cause of death Granubuses	3 days
Birth date of deceased mo, day, yr.) March 18 Chy Coronary Juran buses	
AGE: Years Months Days If less than one day Due to Certific Hypertense.	ul
63 8 6 hr. min. Due to CV Disease	8 years
Ga Bill Co.	0
Birthplace / Quelly, apparate) Due to	
Birthplace / Lacto, (Town, country, apparate)  Due to	
Industry or business Construction Other Conditions Wesphritis	
Industry or business Constituted Chronic Mesphritis	PHYSICIAN
12. Name 18 en james 2000 (Include pregnancy within 3 months of death)  Major findings:	Underline th
(V 13 (V)/ )	cause to which
	death should be
14 Maiden Name Of autopsy Conficuatory	tically.
15. Birthplace (Lucknow) Of autopsy Conference, fill in the street of th	
22. If death was due to external	ne ronowing.
(a) Informant Man Emma 222. It death was due to extende	
A LOUI TO A SAN SELATION AND A S	
A Day thereof Way & _ Where did injury occur?	(County) (State)
(City or town)	
Did injury occur about home, on farm, man	· work)
place? place?	WOIR
Location / Location / Land	
a Funeral director WM J. Section () Means of injury	alex
William Phila Phila Philameters ()	M. D.
(h) Address Millian G. La Howard M. S. Signature (toy). D.	ate signed /1. 25
(b) C Registrar Address (b)	NAME OF TAXABLE PARTY.

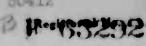
## CERTIFICATE OF DEATH



2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (1) County Baltimore City, Maryland 24 Window Street address Hospital or institution: Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs., mos., or days) 20 yrs. (e) If foreign born, how long in U. S. A? Horoard MEDICAL CERTIFICATION 20. DATE OF DEATH Nov 25 b) If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-5. Color for year 6 (a) Single, married, widowed, or ed deceased from Sept 3 1939. to NOV. 25 1939. divorced. Widow and that I last saw h & slive on Nov. 25 1939. b Name of husband or wife Immediate cause of death 6/c If alive, give age Infarction of myocardin day Birth date of deceased mo., day, yr ) Nor 3 If less than one day Due to arterioscherosio day Months Years cornary artery-Thrombos min. Due 19 Cerebral arterioscleros alvert Co. Birthplace with hune persue farilio 5 miss Other Condition Inauton Usual Occupation include preventey within 3 months of death) Industry or buginess **PHYSICIAN** Underline the Major findinge: cause to which Of operations 13 Birthplace death should be charged statis-Of autopay None 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide b) Date of occurrence 16 Date thereof Mor (c) Where did injury occur? (County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public (c) Cemetery or crematory Mr. While at work? (Specify type of place) (e) Means of injury Registrar Date rec'd by registrar

CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (b) County ) Baltimore City, Maryland atensville Street address Hospital or institution: Length of stay in hospital or inst. (yrs., mos., or days (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yrs., mos., or days) anshear MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH 11- 26 1939, at 3 / MM No. 215-01-0690 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed or ed deceased from 11 - 25 1939, to 11 - 26 5. Color or race divorced. Lepeuted and that I last saw had alive on 11 - 26 19 39. Elizabeth Lanphear Duration b Name of husband or wife Immediate cause of death 6 c If alive, give age Gestie Lemenhoge Birth date of deceased (mo., day, yr.) May 24, 1888 If less than one day AGE: Years Months Days Sectric uleu Birthplace Providence, R. I. Other Conditions Industry or busines Industry PHYSICIAN (Include pregnancy within 3 months of death) 12. Name Edwin T. Lanphear Underline the Major findings: cause to which 13 Birthplace Phoenix, R. I. death should be Of operations charged statis-14. Maiden Name Marion A. Yorsten Of autopsy 22. If death was due to external causes, fill in the following: 15. Birthplace Providence R. I. Mr. Harold A. Lanphear (a) Accident, suicide, or homicide a Informant (b) Address 343 Broad St. Providence R. I. (b) Date of occurrence Removal (b) Date thereof /1/28/39 (c) Where did injury occur? (County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public (Burial, cremation, or removal) While at work? c) Cemetery or crematory place? Providence, R. I. (Specify type of place) (a) Funeral director Wm. J. Tickner & Sons, (e) Means of injury North & Penna. Avenues MILLS M.F. Registrar (Date rec'd by registrar)

#### CCK CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT



CER	IFICATE		
A OF REATH	2	. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:  Baltimore City, Maryland		a) State Mary and (b) County	
Street address Boltimore laryland		c) City town Baltimore	and give town
Hospital or institution:		(If outside city of town interest	, and give town,
milimara City Hospitala		Street No. 2016 Willos Ave.	
Length of stay in hospital or inst. (yrs., mos., or da	y•)		years
ength of stay in Baltimore (yra., mos., or days)	1110	(e) If foreign born, how long in U. S. A.?	
FULL NAME Edward Nelson		MEDICAL CERTIFICATION	
) If veteran, name war 3 (c) Social Security No.		20 DATE OF DEATH sovember 25 1939	at 6 AM
ex 5, Color or race 6 (a) Single, married	midowed of	- 1 1 . 1 . 1 I assured on the date above state	ed; that lattend-
divorced. Marrie	8	ed deceased from how. 24 19 39, to how	39
Name of husband or wife		and that I last saw have alive on wer, 25 1	Duration
6 c If alive, give ag	e years	Immediate cause of death Orterio o lentic Heart blescase	whenn
Birth date of deceased mo., day, yr. Warch	1886	arterio d'unite / Har	
AGE: Years   Months Days   If less tha	n one day		
53 8 23 hr.	min.	Due to	
Birthplace Transcounts and state		Due to	_
(10wn, county, who	15		
. Cross Occupants	C .	Other Conditions	
. Industry or business		tinclude pregnancy within 3 months of death)	PHYSICIAN
12. Name Thomas Nelson		Major findings:	Underline the
13. Birthplace		Of operations	death should l
14 Maiden Name Lang Howard		as most done	harged stati
15. Birthplace		Of autopsy  22. If death was due to external causes, fill in the	following:
(a) Informant Hocords		(a) Accident, suicide, or homicide	
b) Address To Cata Hospe	010	(a) Accident, success, or the bibliographic (b) Date of occurrence	
Busial b Date thereof Me		li la inima negari	ounty) (State)
(Burial, cremation, or removal)	th) (day) (year)	(d) Did injury occur about home, on farm, industri	
(c) Cemetery or cromstory of many		While at w	rork?
Location Hampalin		place? (Specify type of place)	
(a) Funeral director & kensowith + AO	noveu.	(e) Means of injury	
	twe	23. Signature J MWa glelatelon	M. D.
(b) Address 36/5°// 8 222222	Williams H	Malto City Horp. Date	signed / 1-25- 3
(a) Therefore (b) Therefore (b)	Registrari	Address Course Course	

# 63293 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATI	OF DEATH 82
PLACE OF DEATH  IY OF BALTIMORE: (No. 1710 & Chase  orth of residence in city or town where death occurred 8 yrm	Registered No
FULL NAME Agoslino Pistoni	nosda, now long it.
FULL NAME	St, Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FX 4. Color or Race 5. Single, Murried, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) NOV, 74 , 1939  22. I BEREBY CERTIFY, That I attended decensed from  1939.
HI SHAND of my mary Pistone	I last naw have alive on nothing 14 139. Death is sale to have occurred on the date stated above, at 930 4m.
DATE OF BIRTH (month, day, year)  NOY, 1-1865  Years Months Thuy t day bra.  or min.	The principal cause of death and related causes of importance were agfollows: homovhage artirio related causes of careful formations of the principal cause of death and related causes of the principal cause of death and related causes of the principal cause of death and related causes of the principal cause of death and related causes of the principal cause of death and related causes of the principal cause of death and related causes of the principal cause of the principal cause of death and related causes of the principal cause of the principal cause of the principal cause of the principal cause of the principal causes of the principal cause of the princip
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc  9. I dustry or business in which work was done, as silk mill.	Other contributory cause of importance:
BIRTHPLACE (city or town) Villarosa  11. Total time (years) spent in this occupation  Year's  BIRTHPLACE (city or town) Villarosa	Was an operation performed/ 20 Date of
(State or country)  13. NAMI Salvators Pestorio	For what discours or injury?
14. HIRTHPLACE (city or town) Staly (State or country)	What test confirmed diagnosis? Current there an autopay?
13. MAIDEN NAME Journing Mangions	Accident, suicide, or homicide: Inte of injury 19  Where did injury occur: (Specify city or town, county, and State)
16. BIRTHPLACE (city or town) (State or country)  Man Plan Pistorio (Wife	Specify whether injury occurred in industry, in home, or in publi
INFORMANT / NO. Address) / O E CO. Address) / O E CO. Address / O	Manner of Injury
The Holy Redress Balun Rd.	Nature of injury 24. Was disease or injury in any way related to occupation of deceases
S. UNDERTAKER Frank Dicka nove	(Signed) Brigamin Madris.
n. FILED. Refistrar	2306 ( Eulaw Veace

# CERTIFICATE OF DEATH

94 Registred 83294

J. J.C. J. t		
ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
In and City Maryland	(a) State Mo (b) County	
treet address Vill usely Hospital	a State	
treet address	(c) City or town	P. A. A. San and Building S.
lospital or institution:	(c) City or town (If outside city or town limits, write RUM)	and give upon
	604 1940W SI	
Total Control of the	aral give location)	
ength of stay in hospital or inst. yrs., mos., or days	M	years
ength of stay in Baltimore (yrs., mos., or days)	e) If foreign born, how long in U. S. A.?	
ength of stay in partition of	£	
FULL NAME ( )		
3 O Social Security Account	MEDICAL CERTIFICATION	- 1
It veteran, page was	NA 3.5 193	7. at 5.6 M
No. 217-093138	THE TRAILE OF DEATH A PARTY OF THE PARTY OF	
5. Color ograce   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	. 23 1939.
Mile I hite divorced married	ad deceased from Key 6 1957, to Call	195/.
The Idallia Itanat	and that I last saw him alive on 10/23	1939.
Name of hoxband or wife Maule Stewart	Immediate cause of death	Duration
6 (c) If alive, give age 52 years	money Thrandon	
irth date of deceased (no. day, yr.) UC 3, 1897		
GE: Years Months Days If less than one day	Due to Arterio selecono	
119 1 20 hr. min.	Due to	
TI DINE	1	
interplace Jaly Tours and Mate)	Due to	-
IIII Weavan		-
Usual Occupation	Other Conditions Et legran	
Industry or business Veligis		PHYSICIAN
James sleward	(Include pregnancy within 3 months of death)	
12. Name June Batta Md	Major findings:	Underline the
13. Birthplace	Of operations	Jeath should b
Wit Know		charged stati
14. Maiden Name	Of autopsy	tically
15. Birthplace	22. If death was due to external causes, fill in the	following:
(a) Informant Jaul J. Diewy	(a) Accident, suicide, or homicide	
0 1 (2) (2)		
(b) Address 118 Wasta	(b) Date of occurrence	
(b) Date thereof (month) (day) tyes	(c) Where did injury occur? (City or town)	ounty) (State)
(Burial, cremation, or removal) (month) (das) (see	(d) Did injury occur about home, on farm, industr	ial place, in publ
(c) Cemetery or crematory	While at v	vork?
Location of U.II.	place? (Specify type of place)	
Whinan ST THE	111	
(a) Funeral director	(e) Means of injury	1
16 Address 1400 by	23. Signature	M. D.
and Junturior lithall	Address Find Hogoate	signed
Date rec'd by registrar	of all of med.	"heef red
	raward portered	France

		18.
	✓ F 63295	
3295 BALTIMORE CITY HEAD	OF DEATH GO Registered No.	
CERTIFICATE		
) i	2. USUAL RESIDENCE OF DECEASED:	7./ -
ACE OF DEATH:	a State Md. (b) County Balls (	uy
2.42.XMarillana Col	30115	/
Hospital or institution:	of City of town	and give town)
1	of Street No. 2428 Many tunda	WE
moe or dave	D. 1.	
Length of etay in nowhite of the orders 60 yrs.	(e) If foreign born, how long in U. S. A.?	years.
Length of stay in Baltimore (yrs., nios., or days)	0/ -	
FULL NAME (Perland Forest	MEDICAL CERTIFICATION	
If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH November 27 1939.	at 6 A M
Zoull No. mone	1 .1 1	I. IDSC   With they
Sex 5. Color or rage 6 a Single, married, widowed, or	21. I certify that death occurred on the date above stated and deceased from 19 19, to NW. 20	
Tale While - divorced marriely		39.
Name of husband or wife Ameliat to Hannut	- u · dank	
O C II alive, give age	Immediate cause of death during descriptions à	in ,
Birth date of deceased mo., day, yr March 21-1865	/	1 day
AGE: Years Months Days If less than one day min.	Due to my 11'.	Some
14 000	Due to My reardilis	years
Birthplace Shrewsbury ou (Town, county and state)	Due to	
. Usual Occupation none		
Industry or Ingeligen mone of t	Other Conditions	PHYSICIAN
111 Dry Janman	(Include regeater within 3 m ath of death)	Underline the
12. Name 100. Sury	Major findings: Of operations	cause to which jeach hould be
S miller		charged status-
14 Maiden Name Communication	Of autopsy	tically
15. Birthplace	22. If death was due to external causes, fill in the f	ollowing:
a Informan mi as of our man for a	(a) Accident, suicide, or homicide	
1 Address 2428 Mary China	(b) Date of occurrence	
a bevilal b Date thereof (month) (day) (year)	(c) Where did injury occur? (City or town) (Con	I place, in public
Cemetery or crematory Lutheran Cornelising	(d) Did injury occur about home, on farm, industria While at wo	ork?
· Falle MINITURE	place? (Specify troot place)	
Alivert Momento.	(e) Means of injunt to were The Welle	
a) Funeral director Column Morrh Twe.	23. Signature	M. D.
b) Address	Address 2435 M Drycker Montes	igned, 11. 27.1
Linto ree d by registrar)		

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63296

32:30	CERTIFICAT	TE OF DEATH	
	Daltimore City Hos	Registered No (If death a hospital give its	h occurred in or institution, NAME instead
with of residence in city or town	there death occurred yra	mosda. How long in U. S. If of foreign birth?	sds.
CHARLE	40 40 40	specify WAR	**** **** *****************************
( ) Peridence: No. 3435	Vol. © al place of abode)	St.,	own and State)
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEA	C ~
SEX 4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)	1 HEREBY CERTIFY, That I attended	deceased from
. If married, widowed, or divorced		11-24- 1939 to 11-25	39 Death is said
HUSBAND of Coults	26	to have occurred on the date stated above, at 200 m	
DATE OF BIRTH (month, day, year	Days If LESS than	The principal cause of death and related causes of	Date of enset
AGE Years Months	1 dayhrs.	Cerebral lesson 2 40	
8. Trade, profession, or particular bind of work dolle, as spinner, sawyer, bookkeeper, etc.  9. Incustry or business is which work was done, as silk mill, saw mill, bank, etc.  10. Data decensed last worked at this occupation (month and year)	Uncollist  Uncollist	Other contributory causes of importance:  Distifus wells for the second of the second	3 400
(State or country)		For what disease or injury?	
18. NAME ? (d)			· m
H. BIRTHPLACE (city or town). (State or country).		What test confirmed diagnosis? Was there as:  23. If death was due to external causes (violence) fill lowing:	
16. BIRTHPLACE (city or town).	Sidenstricker (	Where did injury occur? (Specify city or town, or Specify whether injury occurred in industry, in he	county and State)
(State or country)  Page 19 19 19 19 19 19 19 19 19 19 19 19 19	City Hospitals	Place	
(Address)  BURIAL, CREMATION, OB REN	HOVAL 27 COA	Manner of injury Nature of injury  14. Was disease or injury in any way related to occur	pation of deceased
UNDERTAKER C. A.	Poto Phan	(Manel) mwagle fo Ker	in . x.
), FILED	Registre	- Both Cut M	P

Registered No.

Street address Hospital or ignetitution:  Hospital or ignetitution:  Length of stay in hospital or inst. (yra. mos., or days) 14 day  Length of stay in Baltimore (yra. mos., or days) 40 yro:  17 FULL RAME  Length of stay in Baltimore (yra. mos., or days) 40 yro:  18 FULL RAME  Length of stay in Baltimore (yra. mos., or days) 40 yro:  19 FULL RAME  Length of stay in Baltimore (yra. mos., or days) 40 yro:  10 It veteran, name war  10 Social Security Account No. 21 3-05-9990  See  10 Color or race  11 Single, married, widowed, or diverseed.  12 Length of stay in Baltimore (yra. mos., or days) 40 yro:  12 Name of husband or wife  13 Color or race  14 Length of stay in Baltimore (yra. mos., or days) 40 yro:  15 Name of husband or wife  16 (a) Single, married, widowed, or diverseed.  17 Length of stay in Baltimore (yra. mos., or days) 40 yro:  18 Name of husband or wife  19 Least or deceased (mo., day, yr.) 2/3 7 yro  19 AGE: Years Months Days  11 Length of stay in Baltimore (yra. mos., or days) 40 yro:  10 Name of husband or wife  11 Name Waltimore  12 Name  13 Birthplace  14 Maiden Name Harried  15 Birthplace  16 Length of stay in baltimore (yra. mos., or days) 40 yro:  17 Length of stay in baltimore (yra. mos., or days) 40 yro:  18 Due to Fall while above stated, that last advanced on the date above stated,	63297 CERTIFICAT	E OF DEATH
Length of stay in hospital or inst. (yrs., mos., or days) 14 days  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PULL RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLIC RAME  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLIC RAME  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  21. Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  22. Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore (yrs., mos., or days) 40 yrs.  PLANE  Length of stay in Baltimore	Saltimore City, Maryland Street address	(c) City or town Bullimore (d) (If outside city or town limits, write RURAL and give town)
FULL RAME   William   No. 213-05-9990     Sex   S. Color or race   Signife, married, widowed, or divorced.   No. 213-05-9990     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 213-05-9990     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 213-05-9990     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 213-05-9990     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 213-05-9990     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 214-1/679     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 214-1/679     Social Security Account   No. 213-05-9990     Sex   S. Color or race   Single, married, widowed, or divorced.   No. 214-1/679     Social Security Account   No. 213-05-9990     Social Security Account   No. 213-05-9900     Social Security Account   No. 2	Length of stay in hospital or inst. (yrs., mos., or days) 14 day	d Street No. 3600 Frederick art
Sex   S. Color or race   Size   Security Account   No. 213-05-9990		
Sex S. Color or race divorced. Manual Musicon of divorced. Manual Musicon of divorced. Manual Musicon of husband or wife Cacleurs.  b) Name of husband or wife Cacleurs.  b) Name of husband or wife Cacleurs.  b) Cacleurs.  c) Cacleurs.  b) Name of husband or wife Cacleurs.  c) Carrier years of deceased mo., day, yr.  c) J J J 7 Y  AGE: Years Months Days If less than one day hr. min.  Birthplace W. Varnus.  12. Name William H. Manualer  13. Birthplace W. Va.  14. Maiden Name Harret Oum  15. Birthplace W. Va.  16. Birthplace W. Va.  17. Manualer  18. Birthplace W. Va.  19. Address 3600 walkers are important industry or trustens.  19. Address 3600 walkers are important industrial place, in place? Malura was due to external causes, fill in the following: (City or town) (County) (Specify type of piace)  19. Address S. Cacheart (Real States)  10. Address S. Cacheart (Real States)  11. Icritify that death occurred on the date above stated; that I atted deceased from   1/10/09 19. to   1/21/07 19.  and that I last saw h re alive on   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19. to   1/21/07 19.  Immediate cause of death   1/10/09 19.  Immediat	3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH 1//24/39 19 at 6 PM
Birth date of deceased mo., day, yr.) (2/3/74  AGE: Years Months Days If less than one day by 10 21 hr. min.  Birthplace W. Varnus (Tiph, young, and state)  Usual Occupation Industry or business Wath hours  12. Name William A. Suander  13. Birthplace W. Va.  14. Maiden Name Harus Oum  15. Birthplace W. Va.  16. Address 3600 (adhuri Inswelm  16. Date thereof 11-77-39  (Burlal, cremation, or removal)  (Cemetery or crematory hours and place in place)  16. Cemetery or crematory hours and place in place?  16. Luckfur Address  17. Address  18. Luckfur Address  18. Luckfur Address  18. Luckfur Address  18. Luckfur Address  19. Luckfur Add	M Single, married, widowed, or divorced. manual	21. I certify that death occurred on the date above stated; that lattended deceased from 1/10/09 19 to 1/27/0919
AGE: Years Months Days If less than one day by 10 21 hr. min.  Birthplace W. Vaynus (Transpounts, and state)  Usual Occupiation Muchanus  12. Name Williams of Jumes Van Under Van	Name of husband of wife 6 c If alive, give age year	Duration
Usual Occupation Michanis  12. Name William H. Suander  13. Birthplace W. Va.  14. Maiden Name Hamis Oum  15. Birthplace W. Va.  16. Address 3600   udends are  (Burlal, cremation, or removal)  (County)   (Specify type of place)  18. Date signed II.  (a) Address Baltiman Park  (b) Address Palass   Plass  (c) Means of injury Life for park  (d) Means of injury Life for park  (e) Means of injury Life for park  (f) Means of injury Life for park  (e) Means of injury Life for park  (f) Means of injury Life for park  (g) Means of injury Life for park  (h) Address Joo Estagas Plass  (g) Means of injury Life for park  (h) Address Date signed II.	GE: Years Months Days If less than one day	- 10
Include programmy within 3 months of death)  12. Name William H. Snander  13. Birthplace W. Va.  14. Maiden Name Harret Ourn  15. Birthplace W. Vw.  16. Address 3600   wderels are  16. Address 3600   wderels are  17. V7-39  18. While at work? The location Balticerna (month) (day) (year)  19. Cemetery or crematory kours of the place in place? Indicate the place in place? Indicate the place in place?  19. While at work? The location by Addless See See See See See See See See See	Usual Occupation mechanic /	
13. Birthplace  14. Maiden Name Harriet Oum  15. Birthplace  16. Address 3600   wderest Green (month) (day) (year)  17. Cemetery or crematory kouland Park  18. Coation Balticena Cuaryla Tark  19. Coation Balticena Cuaryla Tark  20. Means of injury occur about home, on farm, industrial place, in place? Industrial place (e) Means of injury of place (e) Means of injury of place (e) Means of injury of Date signed 14.	Industry or business Wat Ronard	(Include pregnancy within 3 months of death)
15. Birthplace  W. V.  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date thereof (1-77-39)  (c) Cemetery or crematory kouclass Park  Location Balticians Charles To County (Specify type of place)  (d) Did injury occur about home, on farm, industrial place, in place?  (e) Means of injury The work of the work? Yellowship (Specify type of place)  (e) Means of injury The work of the work?  (f) Means of injury The work of the work?  (g) Means of injury The work of the work?  (e) Means of injury The work of the work of the work of the work?  (g) Means of injury The work of	13. Birthplace W. Va.	Major findings: Of operations Chronic subdenal cause to while
a) Informant Mile. Calkrini Injurious.  (a) Address 3600   address Circle  (b) Address 3600   address Circle  (c) Electron or removal)  (d) Date thereof (month) (day) (year)  (e) Cemetery or crematory koulders fack  (f) Location Baltician a lumity occur about home, on farm, industrial place, in place? Industrial place, in Specify type of placey  (e) Means of injury File ways of the signed of	15. Birthplace W. Vw.	Of autopsy tically.
(a) Bulled (b) Date thereof (month) (day) (year)  (b) Date of occurrence (c) Cemetery or crematory koulders Park  Location Balticena (confliction of F. B. Wifefast +  (c) Means of injury occur about home, on farm, industrial place, in place? Industrial place, in (Specify type of place)  (d) Did injury occur about home, on farm, industrial place, in place? Industrial place, in (Specify type of place)  (e) Means of injury fill furnity of the case o	a Informant Mis. Calkerine Inquide	(a) Accident, suicide, or homicide www.
Location Balticena Cuarylan place? Indus heat While at work? The Location of the Care (Specify type of place)  (a) Euneral director of B. Wifefact + Care (e) Means of injury Fill from the Care (b) Address 1200 Encloses Places (23. Signature M. M. M. Address Date signed 11.	Bullal (b) Date thereof 11- 27-30	(c) Where did injury occur? (Clever town) (County) (State)
(e) Means of injury tell from a wife Carles (b) Addless 1300 Enlant Plant 23. Signature 1 Lorpite Date signed 11.	(c) Cemetery or crematory Louden Park	The second of th
(h) Date signed I	a Guneral director F. B. Wifefest &	and the second
(Date rec'd by registrar)  Registrar   Address   Address	(a) A Revisitrar	Address Muy Hospita Date signed 11 4

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50317 Register

CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (a) State 10 mila.dh) County ) Baltimore City, Maryland (c) City or town [1] (if outside city or town limits, write RURAL and give town) Street address Beliamore, Mary Land Hospital or institution: A Stree No. 3633 Kerwick Rd. Bultimore City Hospitals () Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yre., mos., or days) (a) FULL NAME MEDICAL CERTIFICATION John H. Shipley 3 (c) Social Security Account 24 137 .11 b If veteran, name war 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed deceased from 11 - 20 1937, to 11 - 241937. 5. Color or race divorced. and that I last saw h/w alive on 11 -24 19.39 Married White Amelia Duration b) Name of husband or wife years Carpe 6 c If alive, give age Jun. 23. Birth date of deceased mo., day, yr. If less than one day Due to Basal Cell, careering Days Months min. Birthplace (Town, county, and state) L'andreau son . Usual Occupation Other Conditions PHYSICIAN Industry or business (Include pregnancy within 3 months of death) 12. Name Ticonala Sangua Underline the Major findings: cause to which death should be Of operations 13. Birthplace charged statis-14. Maiden Name 'Try And Morros Of autopsy .... 22. If death was due to external causes, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide Records a Informant (b) Date of occurrence. (h) Address (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public (Burial, cremation, or removal) While at work? place? (Specify type of place) Location 7225 (e) Means of injury,... 23. Signature XX . Wo Leward B a Funeral director would,

Registrar

(Date rec'd by registrar

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7	~	12	63299
. /	0-	11	つらんこう
06	/ Reg	rister	ed No
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CERTIFICATE	
LACE OF DEATH: Baltimore City, Maryland Street address Hospital or institution:  Caroline + Hoffman  Length of stay in hospital or inst.  Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town  (d) County  (e) If foreign born, how long in U. S. A.?  year
FULL NAME  Les ther I. Pewitha  If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH /1 — 26 1939, at 11 P.
Sex 5. Color or race 6 a Single, married, widowed, or M.  Name of husband or wifer from I will be a live, give age — years	21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 8 1939, to 11 - 26 1939 and that I last saw her alive on 11 - 26 1939.  Immediate cause of death, Cerebral Duration
Birth date of deceased mo, day, yr.)  AGE: Years Months Days If less than one day  hr. min.  Birthplace Maryland  Thursen for the property and pare the pare	Due to Subacute  bacterial endo  Carditis and  Phermatic heart
12. Name  13. Birthplace  14. Name  15. Name  16. Name  17. Name  18. Name  19. Name	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  One of the conditions of death of the condition of the conditio
14. Maiden Name  15. Birthplace  (a) Informant  (b) Address	Of autopsy Wultiple author: the following:  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence.
Burial, cremation, or removal)  (c) Cemetery or crematory  Location  (b) Date thereof, 17 July (year, month) (day) (year, month)  (c) Cemetery or crematory  Location	(c) Where did injury occur? (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in purplace?  While at work?
(a) Funeral director Granvelle Letonge (b) Address  (a) Address  (a) Address  (b) Address  (c) Address	(e) Means of injury  23. Signature Harry  Address  Date signed

LD Registered No.

agne Nosf. / Date signed 11.27 39

CERTIFICATE OF DEATH 63300 2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County Baltimane PLACE OF DEATH: ) Baltimore City, Maryland Thekene + Catan aus (If outside city or town limits, write RURAL and give town (c) City or down Hospital or institution agner Hospital () Length of stay in hospital or inst. (yrs., mos., or days) 3 days If foreign born, how long in U. S. A.? Length of stay in Baltimore (yrs., mos., or days) Haldman Gilbert Olver (a) FULL NAME MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH 11-27 1939, at 1.50 RM (b) If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed decensed from 11-24 1939, to 11-27 1939. 5. Color or race and that I last saw by alive on 1/27 1939. b) Name of husband or wife years Immediate cause of death 6 (c) If alive, give age Keeper atony failure Birth date of deceased (mo., day, yr.) If less than one day Due to Gemarchagic disease of AGE: Years Months Days min. (Town, county, and state) 1. Usual Occupation Other Conditions Industry or business PHYSICIAN 12. Name Gurlas Henry Hald alnelude prognancy within 8 months of death) Underline the Major findings: 13 Birthplace Buttemarie manyles sause to which death should be 14. Maiden Name anne Luclyn charged statis-15. Birthplace Battimane Transplan Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public (Burial, cremation, or removal) (c) Cemetery or crematory While at work? place? (Specify type of place) (e) Means of injury
23. Signature

Registrar

## CERTIFICATE OF DEATH

59 R

F 63301 Registered No.

ACE OF DEATH: Baltimore City, Maryland Union Men. Hosp.	2. USUAL RESIDENCE OF DECEASED:	
Street address 376-6-73	(c) City or town Baltinore	URAL and give town)
Hospital or institution:	Street No. 396 East 31st. S.	<u>t</u>
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
	Rundt	
If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATIO	039 135 pm
No.		
iex 5. Color or race 6 (a) Single, married, widowed, of divorced.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 2 17.5.1
Name of husband or wife 6 (c) If alive, give age year	and that I last saw him. alive on 11/2's	Duration
Birth date of deceased (mo., day, yr.) 1/22/39  AGE: Years Months Days If less than one day  hr. 3 mi	in. Due to Gramativity	
Birthplace Believe (Town, county, and state)	Due to pulmory alle	
Usual Occupation Industry or business	Other Conditions Premeture	TA PHYSICIAN
12. Name Juryth william deland	Include pregnance ithin 3 months of death	Underline t
13. Birthplace Muram Brewer	Of operations	cause to which
14. Maiden Name	Of autopsy	charged stati
15. Birthplace Brelinne mil	22. If death was due to external causes, fill in	the following:
(a) Informant Mrs J. W. december	(a) Accident, suicide, or homicide	
(b) Address (b) Date thereof	(b) Date of occurrence	
(a) (b) Date thereof (month) (day) (y) (Burial, cremation or removal)	(c) Where did injury occur?  (d) Did injury occur about home, on farm, inc	(County) (State) lustrial place, in pub
(c) Cemetery or crematory SCHOOL NOV 27 193	place? While	at work?
(a) Funeral director	(e) Means of injury	ardí
(b) Address Per H. A. Moore	23. Signature	Onte signed 11/24
(a) This had by registrary	Address unus musicos	



CERTIFICATE	**************************************	the same of			
LOS OF DEATH	2. USUAL RESIDENCE OF DECEASED:				
ACE OF DEATH: Baltimore City, Maryland	(a) State. Md. (b) County				
Street address 2007 Guilford Ave	2807 Guilford Ave	(c) City or town Bolt Image.  (If outside city or town limits, write RURAL and give town)			
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	years			
FULL NAME Anne M. Scheffenacker	MEDICAL CERTIFICATION				
) If veteran, name war Social Security Account No.	TO DATE OF DEATH POST > 6 19 34	, at SA. M			
5. Color or race 6 (a) Single, married, widowed, or divorced, pp16d	21. I certify that death occurred on the date above state ed deceased from 1864. 16 1934, to OCA	17			
b) Name of husband or wife Low 18 5. Schoffens 6 (c) If alive, give age 6 years		Deration			
Birth date of deceased (mo., day, yr.)Dec. 7, 1878	Immediate cause of dooth Cardes -	24s.			
AGE: Years Months Days If teas than one day	Due to Grebrae Mine sis	3. days.			
Birthplace Beltimore (Town, county, and state)  Usual Occupation County Wife	Other Conditions				
. Industry or business		PHYSICIAN			
12. Name John Baldwin	(Include pregnancy within 3 months of death)  Major findings:	tinderline the			
13 Birthplace Beltimore  14 Maiden Name Barbara Laff	Of operations	death hould be harged atati			
15. Birthplace Baltimore	Of autopsy.  22. If death was due to external causes fill in the	following:			
(a) Informant Mr. Lewis Scheffenscher	(a) Accident, suicide, or homicide				
(b) Address (6) Date thereof (V. 28/Z) (a) 50-191 (b) Date thereof (CV. 28/Z) (Burial, cremation, or removal) (month) (day) (year	(c) Where did injury occur?	ounty) (State)			
(c) Cemetery or crematory Cathedral	(d) Did injury occur about home, on farm, industri	vork?			
Location Baltimore  (a) Funeral director Bita Wiedefeld	(e) Means of injury	2			
(b) Address 214 Green mount Ave	23. Signature	M. D.			

## CERTIFICATE OF DEATH 34 8 Registered No. 183303

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State Man Land (b) County	
Street address 4.44 Easters, Avenue	(c) City or town (if outside city or town limits, write Rt'RA	i, and give town
Hospital or institution:	ilf outside city or town limits, write at the	
Partine City Buspitals	(d) Street No. 3300 Remark S. (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days) 22 days	* 0 \	years
Length of stay in Baltimore (yrs., mos., or days)	(ey If foreign born, how long in U. S. A.)	years
a) FULL NAME		
Dolla Dunday   2 to Social Security Account	MEDICAL CERTIFICATION	
(b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH hovember 26 1939	1 at 5 30 pm
6 (a) Single married widowed, or	as 1 the death occurred on the date above state	led; that lattend-
divorced.	ad deceased from Oct 27 1939, to Nov.	. 20 1937,
Female Colored Widowed	and that I last saw h & alive on www . 26	9 39 .
(b) Name of husband or wife	Immediate cause of death	Duration
O ( / ) and ( ) and	Circles al Hemorrhaye	10 days
Birth date of deceased mo., day, yr.) 16 1872		-
AGE: Years Months Days If less than one day	Due to	
60 5 26 hr. min.		NOV
Birthplace N. C. (Town, county, and state)	Due to	4
(Town, county, and state)		-
). Usual Occupation name = 11188 11	Other Conditions arthur o lumi	unhum
I. Industry or business		PHYSICIAN
12. Name	(Include pregnancy within 3 months of death)  Major findings:	t interline the
13 Birthplace	Major findings: Of operations	cause to which
14. Maiden Name Elizabeth Houth		death should be charged statis
2.7 (*	Of autopsy not done.	tically
15. Birthplace W. C.	22. If death was due to external causes, fill in the	following:
h (a) Informant Russia	(a) Accident, suicide, or homicide	
b) Address D. t. C. t. Tigger to the	(a) Accident solutions (b) Date of occurrence	
Burnal b Date thereover 30 - 3	1'd inium occurs)	ounty) (State)
(Buriel, cremation, or removal)	(d) Did injury occur about home, on farm, industria	
(c) Cemetery or crematory W College	While at w	ork?
Location a de, comme	(Specify type of place)	
(a) Funeral director of when the the	(e) Means of injury	
(b) Address 1515 Me Eldery 6	23. Signature The agrees ye	M. 11
and to the Will Sulle	Address Belle Celly No p Date .	signed # 27 J
(a) Registrar	Address /	

### F 63304

## CERTIFICATE OF DEATH

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l	- 2	198	

Resigned 3304

	- HOHAL PECIDENCE OF DECEACED.	•
ACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
altimore City, Maryland	(9) State M. County	
treet address 3 +4 n. Julton Ure	(c) City or town Bellin Me (tf out id city or town in it, write RURA	
lospital or institution:	(t) City of town (tf out id city or town in it, write RURA	L. a. dg v - town)
	Sircet No. 3re N. coulton a	re)
ength of stay in hospital or inst. (yrs., mos., or days)	(If rural give breathers)	
	(e) If foreign born, how long in U. S. A.?	years
ength of stay in Baltimore (yrs., mos., or days)	7	
FULL NAME Parles Northing to	in Tarnan	
2 / S I S Service Afronni	MEDICAL CERTIFICATION	
If veteran, name war	20. DATE OF DEATH 2000. 26. 1939	. at 7 4 7.M
5. Color or race 6 a Single, married, widowed, or	and the date above sta	ted, that lattend-
divorced.	1 decorate from () ex. /, 1939, to / 1	7. 26. 1937 .
0	and that I last saw ham alive on Nov. 26.	1919 .
Name of husband or wife 6 . If alive, give age years		Duration
N K / Pr		,
orth date of deceased mo. day, yr. Nov. + 1874	Chemi Lit. Nephritia.	620
OE. I care	Donate	
65 - 22 hr min		-
orthplace dellunine, Md 59	Due to	
101T	•	
Usual Occupation Wastername Land.	Other Conditions how	
mounty of board	(Include programs, within 3 menths of death)	PHYSICIAN
12. Name emes Vunan	Major findings:	t derline the
13 Birthplace / Dellin or ml	Of operations	jeath houd be
14 Maiden Name wah. E. Jenkins		harged satis
15. Birthplace Baltimon, Md	Of autopay	tically.
Variat a Jamen	22. It death was due to external causes, fill in the	following:
	(a) Accident, micide, or homicide	
a Burial (b) Date thereof DV 29/19	939 (b) Date of occurrence	
a Burial (Burial, rematicing removal) b Date thereof DV 29/19	(c) Where did injury occur)	conty) (State)
Cemetery operately eathered	(d) Did injury occur about home, on farm, industr	ial place, in publi
(1) = (1.1 MA	place? While w	vork?
Location	11 /11 / 11	
a Funeral director Ty. W. Carthy Sm. 1	(c) Means of injury Shas Mortor	v,
b) Address	23. Signature	M. D.
(a) (b) and the Registrar	Address 889 M. Lymbol & Date	signed
(Date ree'd by registrar)		

## CERTIFICATE OF DEATH

134 Registered No. 63305

3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	2. USUAL RESIDENCE OF DECEASED:
CE OF DEATH:	
C. Mareland	(a) State Her (b) County
reet address / Marrysmans Lou	(c) City or town Baltimae
ospital or institution:	(If out ide city or town in it write RI RAI and give t was)
	1 Street No J Merrymans & bost
ar daval	of Street No. 1 1 (If rate   wire   westless)
ength of stay in hospital or inst. yes., mos., or days	If loreign born, how long in U. S. A.? years
ength of stay in Baltimore (yrs., mos., or days)	(i) It toleign bolin, now tank to
FULL NAME 2 PROPERTY (QUILLENA	
lisa Brasticaro Curono	MEDICAL CERTIFICATION
Il Veteran, nette	20 DATE OF DEATH MV do 1907. at M
No.  5. Color or race 6 a Smale married wido	ared or
	11/3 19.17 10 // 2
male Mute Widow	
Name of Instrument of G. W. Owens	
It alive, give age	I I I I I I I I I I I I I I I I I I I
rth date of deceased mo, day, vt Nov-26- 18	The case will con by
E: Years Months Days If less than one	Ald beer - Orlowo
8 8 3 hr	min. Due to silver or s
rehplace West River 66 60 Hed	0.
(Town, county, and state)	Due to
Joual Occupation	Other Conditions Recent Rend Colice
- Juston or husiness	I PHYSICIAN
2. Name Jolin IN Brasheaus	Cinclude programs within 3 months of death
13 Birthplace Stest River a la bo	Major findings:
13 Birthplace Mest 1448 44	Of operations denth should harged and
14. Maiden Name IV Gordner	V smalle
15 Dulalas West River le le 100.	Hed Of autopsy fill in the following:
a Informani Im Mark & Watson	41 64 11 64 44 11
a Informanti Manager Land	
(1) Address, Marymans 600	(b) Date of occurrence
(a) Jurial   Date thereol (month) (d	day) (year) (c) Where did injury occur? (City or town) (County) (State
Cemetery or crematory of Suid Rulge	(d) Did injury occur about home, on larm, industrial place, in pub
Cometery or crematory le fut	While at work?
Location Villen Co. 10-	(Specify type of place)
a Funeral director & Jeuleins If Ro	23. Signature of Mula a Bully or M. D. Aldress 1/15 S Faul S Date signed 11/2/
(b) Address Oschood Mc Rollols	23. Signature of Was a fine M. D.
(b) Address	Address 1/15 of Must I Date signed 1/2/
A Lintures'd by registrar	existran (Address 7)

#### & Brown 1663 W. Horth Wax BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		100UD
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. L. C. Marked	(a) State Md (b) County	
Street address 5 403 Reisters John Rd		
Hospital or institution:	(c) City of town (If outside city or town limits, write RURAI	L and give town
	Street No. 5403 Reisterstown	Rd
the state of the s	of Street No.	
Length of stay in hospital or inst. (yrs., mos., or days)	The state of the s	years
Length of stay in Baltimore yrs., mos., or days 70 474.	(c) If foreign born, how long in U. S. A.?	years
a) FULL NAME Mary K. Swobo	da	
h) If veteran, name war 3 & Social Security Account	MEDICAL CERTIFICATION	1 5
No. MORE	20. DATE OF DEATH Nov 26 2 1939	at as AM
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	and the second second
rough white divasced Widowed	ed deceased from Nov 15 19 37. to Nov	36 1939.
Tought of Mile	and that I last saw h ralive on Mor. 25- 19	39.
b) Name of husband or wife Ras S. Swo bods 6 (c) If alive, give age years		Duration
	Immediate cause of death	
Birth date of deceased mo, day, yr. lug 16- 1856		
AGE: Years Months Days If less than one day	Due to Chronics My was deles	1431
83 3 10 hr. min.	Due to	
Birthplace Garmany		
(lown, county, and state)	Due to	
J. Usual Occupation	Other Conditions asteris Selevisis	1429
. Industry or business Self	Other Conditions	PHYSICIAN
12. Name John Witkisky	Include pregnancy within 3 months of death)	PRISCIAN
13 Birthplace Germany	Major findings:	Underline the
14. Maiden Name Anna (Mar Known)	Of operations	death should be
14. Maiden Name	05	charged tatis-
15. Birthplace 941 many	Of autopsy	
a Informant Paul K. Swoboda	22. If death was due to external causes, fill in the fo	onowing.
1) Address 8 35 Manklintown Rd	(a) Accident, suicide, or homicide	
Surial b Date thereof 1/2439	(c) Where did injury occur?	
(Buris), exampled, as semantial (month) (day) (year)	(CH) of town)	
(c) Cemetery or crematory St. Peters	d Did injury occur about home, on farm, industrial	
Location Palto md	place? (Specify type of place) While at wo	TK/
8 a Funeral director William Cook	(e) Means of injury	
1319 St Park of	23. Signature Caul Size	u-
(b) Address		med 11/2 7/4
( Date ) The regulator A Regulater	Address 1663WHOTE CO. Date sig	10 / 1/59
river set tore	ist transmit of Malder	· . W. per Bruts

## CERTIFICATE OF DEATH



CER	IIFICATE O.	1
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:	County Ballin	ore
Baltimore City, Maryland	t. But and	
Saltimore City, Maryland Opleans &	(c) City or town Baltimore RURAL (if outside city or town limits, write RURAL	and give town)
Inepital or institution:	W. 2037 Orleans St	<i>F</i> .
	distrect No. 20 37 Over St. (If rural give location)	
Length of stay in hospital or inst. yrs, mos, or da		- years
Baltimore vis, mes, or days		
Length of sets in	ITTINGS	
FULL NAME ANDREW G	MEDICAL CERTIFICATION	15
3 c Social Secu	arity Account	at 8 5 M
to de No.	20. DATE OF DEATH ROVEWELL & D	mains described
6 I Single, married	1 of ALTERED CERTIFY That took charge of the ter	***************************************
divorced / 1 / 3	above, held an suggesty thereon and tro	In the consens
m wall fillight	obtained by said ingressy find that said	deceased came
Name of husband or wate die Sill	years years above	
	to has death on the day state.	
Birth date of deceased mo, day, yr	Immediate cause of death	Duration
AGE: Years Months Days Hess tha	min  Due to Ortang occlusion	1
69?40 5 10 hi	min	1
07.10	Due arterivadeross / genera	4
Birthplace with many I was county, and the	i o o o o o o o o o o o o o o o o o o o	
36 845	1.15	
), Usual Occupation Vous	Due to	
Industry or business &	Other Conditions	
12 Narde Mu und Suller		PHYSICIAN
	(include treatment y within 3 months of death)	-
13 Bathplace	Major lindings:	Underline the
14 Maiden Kathy Waling	Ot operations	death should be
15 Rubolace		charged statis-
TITLY H	och Of autopsy	C. CHILLIAN
	27 It death was que to estern	Tollowing
1. Address 6 505 Colone	11/20 34 Accident, suicide, or homicide	
Date thereof	Date of occurrence	
1 L Whos	Where did injury occur?	county) (State)
Cemetery or cremator Suite 111	Did injury oc ur about home, on larm, industr	ial place, in public
General State of The	Will Cal	work?
I realist direct of	place? (Specify to per place)	
Funeral director/ Lillo 17	Means of injury	eler M.D
1 1 1 1 MIL	23. Signature St Z Walled Earn	niner
Address / A	23. Signature 27 L W Maria France Registrar Date signed hove 27 th, 1939	
D (a) (b)	Registrar Date signed	

## BALTIMORE CITY HEALTH DEPARTMENT 211 Negistered No.

63308 CERTIFICA		)·)UO -
LACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:	
Baltimere City, Maryland	(a) State had (b) County Ballin	ne
Street andress Hospital or institution:	(e) City or town Bultimore (if ontaide rity or town limits, write RURA	I. and give tewn)
Union menural Hospital	Steet No. 27 03 Woodsdale	ane
Length of stay in hospital or inst. vrs., mos., or days	If foreign born, how long in U. S. A.)	years
Length of stay in Baltimore yrs, mos, or days Las.  FULL NAME CHAPLES JACO		
	ASSESSAL CERTIFICATION	s
If veteran, name war Social Security Account No. 214-01-3157	20. DATE OF DEATH hoverber 26 10 3	9. a. 6 0 M
5 Color or race 6 a Sin le, married, widowed,	or 21 THEREBY CERTIFY, That brook charge of the re	mains described
In W divorced single	above, held an thereon and to	
b) Name of husband or wife	obtained by said (Auto, Fringue) find that sair	' deceased came
6 c) If alive, give age	to death on the day stated above	
Birth date of deceased mo, day, yr Dec 172 1916	Immediate cause of death	Duration
AGE: Years Months Days	Immediate cause of death  Frosture one of while	
Birthplace Balto md	Due to	
Birthplace Town, county, and that )		
. Usual Occupation 3 heet Metal Worker	Due to	
Industry or business They maring		
1) None Trank C. Cooper	Other Conditions	PHYSICIAN
13 Perhone Ornman	(Include programmy within 2 months of death)	
14 Marian Name alvina Schmidt	Major findings: Of operations	t derise the
15. Berthplace Balto Md.	Of operations	death hould b
a Informani Frank C. Cooper	Ol autopsy	tically
The second of th	22. If death was due to external causes, fill in the	following
1/26/	A Accident, suicide, or homicide	
Burial Date thereof (month) (dus) (s	rear) (b) Date of occurrence	Lendon Bult.
Park Marine	Where did injury occur) War	ounty; (State)
Cemetery or Balt on med	(d) Did injury occur about home, on farm, industr	nal place, in publ
	place? (Specific proof place of the	
t and director	Means of injury hustareyele collect	Luca I M
Address 1217 St. Paul St	23. Signature J. L. Worker Exam	niner
Registra	Date signed how 26 04/1935	

F 63309

## CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT 73 Registered No.3309

P COOLOG	-gardeness and the second seco	
PLACE OF DEATH:	z. USUAL RESIDENCE OF DECEASED:	
C Manhard	(a) State Md h) County v. Q	7
Street address 329 C. Bouldin J.	G 4.2/	
Street address 0 47	(c) City or town For f - How ard	AL and give town)
Hospital or institution:		
	Street No. Fodd Ave	
Length of stay in hospital or inst. (yrs., mos., or days)	If rural give location	
	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		
FULL NAME Annie E. Fortun	MEDICAL CERTIFICATION	
b) If veteran, name war	20 DATE OF DEATH MOV 26 TH 193	9.35 PM
Sex 5. Color or race 6 (a) Single, married, widewed, o	21 Leartify that death occurred on the date above sta	ated; that lattend-
	ad deceased from / d 3 - J7 P) to ///	w. 46 1937.
mala White married	and that I last saw lar alive on Mor. 25	1934 .
b) Name of husband as wite Michael Fortune		Duration
O C II whise kine ake	4	7
Birth date of deceased mo, day, yr valy 153 1870	Chonic Myonalilie	
AGE: Years Months Days If fess than one day	11 1	2
69 4 10 hr. mi	n. Due to Type Tenacer	
4	Due to Appendension  Due to appendension	2
Birthplace Grand & (Town, county, and state)	Due to Chileron	
Usual Occupation Ironge wife h		
Industry or business at Ixona	Other Conditions	
industry	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Haknown	Major findings:	Underline th
13. Birthplace	Of operations	cause to which
4		death should b
14. Maiden Name	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	following:
6 (a) Informant Frederick Hopkman		
1 Addies 329 S. Bouldin st	(a) Accident, suicide, or homicide	
0 . 6	(b) Date of occurrence	
7 d Burial camalana, a comment (month) (day) (ye		'ounty) (State)
Osk Laum	Did injury occur about home, on farm, industr	nal place, in publ
(d) Cemetery or committee and med	place) While at t	work?
Location Wild: Const	(Specify type of time)	
a Funeral director Villiam Cook	(e) Means of injury	. 6,
1) Address 1217 St. 1 mel , 31	23. Signature Michael J. Maris	M. D.
NOV 27 1920 tenting for / milan	LA A A A A A A A A A A A A A A A A A A	signed /1-37-
9 (a) Registrar		

#### F 63310

MA BOLD

### CERTIFICATE OF DEATH

V	
02	Registered No.
8	F 63310

CERTIFICATE OF BEATT		
PLACE OF DEATH:  Baltimore City, Maryland  Street address 2417 1, Calvert St.  Hospital or institution:  Length of etay in hospital or inst. (yrs., mos., or days)  Length of etay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town  (If outside city or town limits, write RURAL and  (If outside city or town limits, write RURAL and  (If rural give location)  (c) If foreign born, how long in U. S. A.)	
(b) If veteran, name war  No. 11 F. Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  26 1939, at	6 P.M
Sex 5. Color or race 6 (a) Single married, wildowed, or shroteed. Widowed. Widowed.  h) Name of husband or wife 5 20191. Zinn 6 (c) If alive, give age years  Birth date of deceased (mo., day, yr.) May 5 186/  AGE: Years Months Days If less than one day  78 9 21 hr. min.	21. I certify that death occurred on the date above stated; the ed deceased from lat 8 19 39, to ABT 2 and that I last saw he valive on Nor 76 1939 Immediate cause of death Cere aral Tenurareloge  Due to Typper leves to a large of death of the large	61939.
Birthplace	Other Conditions  Include pregnancy within 3 months of death)  Major findings:	HYSICIAN Inderline the use to which
14. Maiden Name Elizabeth Crawford  15. Birthplace 3 { land  6 (a) Informant & Freez Belle Brooks	dea cha	th should be arged statis-
Address 247 n. Calvert of  (a) Surial () Date thereof (1/29/39  (i) Cemetery or crematory (month) (day) (year)  (c) Cemetery or crematory (sinaine)  Location (3alto 6 Md).  (b) Address 217 st. Paul of  (ii) Date re Poy regulary)  (ii) Registrar	(a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place place?  (Specify type of place)  (e) Means of injury occur about home, on farm, industrial place place?  (Specify type of place)  (a) Accident, suicide, or homicide (County) (County) (County) (County) (County) (County) (County) (About at work)	(State)

## CERTIFICATE OF DEATH



2. USUAL RESIDENCE OF DECEMBER.  (a) State (b) County (b) County (c) City or town invited eity or town invited eity or town (if contaide eity or town invited eity or town (if contaide eity or town invited eity or town (if contaide eity or town invited eity or town (if contaide eity or town (if contaide eity or town invited eity or town (if contaide eity or town)  (if contaide eity or town (if contaide eity or town limits, write RURAL and give town)  (c) If foreign born, how long in U. S. A.?  (d) If foreign born, how long in U. S. A.?  (e) If foreign born, how long in U. S. A.?  (e) If foreign born, how long in U. S. A.?  (f) If foreign born, how long in U. S. A.?  (f) If foreign born, how long in U. S. A.?  (g) A DATE OF DEATH Howeverless 16 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 16 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 16 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 16 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for Inquis)  (h) A DATE OF DEATH Howeverless 19 (Autop for	(5.5.) ! !	t-	
cent address 515 SCOTT Script and institution:  (City or town (If consider eith or town limits) write RURAL and give town)  (If our institution)  (If our		2. USUAL RESIDENCE OF DECEASED:	
cent address 515 SCOTT Script and institution:  (City or town (If consider eith or town limits) write RURAL and give town)  (If our institution)  (If our	and the state of t	a State had a County Bolland	ve
ength of stay in hospital or inst. (yrs. mos. or days)  FULL NAME  PHODA  HUNTT  If veteran, name war    3 (e) Social Security Account   Name of husband or write   Name of husband or	515 SCOTT ST.	Belte	
ength of stay in hospital or inst. (yts., mos., or days)  ength of stay in hospital or inst. (yts., mos., or days)  full NAME  FULL NAME  FULL NAME  FULL NAME  FULL NAME  FULL NAME  S. Color or race  of (a) Single, married, widowed, or divorced  white  of (a) Single, married, widowed, or divorced  full stay, yt.)  No.  10.  10.  11.  12.  13.  14.  15.  15.  16.  16.  16.  16.  16.  16	ereet address a la	(If outside cits or town limits, write RI RAL	, and give town)
ength of stay in hospital or inst. (yrs. mos. or days)  FULL NAME R HODA HUNTT  If veteran, name was 3 (x) Social Security Account 3 (x) Social Security Account 6 (a) Single married, widowed, or divorced divorced divorced Single married, widowed, or divorced Single	tospital or institutions	515 Sert H	
FULL NAME RHODA HUNTT  If veteran, name war 3 (c) Social Security Account No. 20. DATE OF DEATH Provided No. 21. 114ERERY CERTIFY. That Itook cherge of the remains described above, held an above, held		(If rural give location)	
FULL NAME RHODA HUNTT  If veteran, name war 3 (c) Social Security Account No. 20. DATE OF DEATH Provided No. 21. 114ERERY CERTIFY. That Itook cherge of the remains described above, held an above, held	ength of stay in hospital or inst. yrs., mos., or days	16 Greater horn how lone in U. S. A.?	years
MEDICAL CERTIFICATION  If veteran, name war  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran above, held an  If veteran veteran in the veteran in the veteran above, held an  If veteran veteran in the veteran in the veteran above, held an  If veteran veteran in the veteran in the veteran in the veteran above, held an  If veteran veteran in the veteran in the veteran in the veteran in the veteran above, held an	enoth of stay in Baltimore vrs. mos., or days	(c) it foreign born, now tong in	
If veteran, name war  No.			
If veteran, name war  No.	FULL NAME RHOUA HUNT	MEDICAL CERTIFICATION	20
Due to  Cher Conditions  Coupation  House Coupation  Cou	Security Account		10 M
Name of husband or wile  Name of husband or wile  Name of husband or wile  Other Conditions  Other Con	Western, maint	20 DATE OF DEATH PLOVE	1 1 1 1
Name of husband or wite  6 (c) If alive, give age  years with date of deceased (mo., day, yr.) Nov 2-1870  GE: Years Months  15 Catterion  15 Catterion  16 (a) If alive, give age  years  obtained by said  (Autops/pr Inquist)  had death of that said deceased came  to had death day stated above.  Immediate cause of death  15 Catterion  16 (a) If alive, give age  years  obtained by said  (b) Autops/pr Inquist)  had death day stated above.  Immediate cause of death  16 (a) If alive, give age  years  obtained by said  to had death day stated above.  Immediate cause of death  17 June  Due to  Other Conditions  (Include pregnancy within 3 morths of death)  Major findings: Of operations  Of autopsy  16 (a) Address 515 Scott Street  (b) Date thereof  (month) (day) (year)  (c) Cemetery greenatory Mtt Olive  Lection Tederick  (d) Did injury occur about home, on farm, industriel place, in publication  place)  (Specify type of place)  While at work?  (e) Means of injury  Medical Examiner.  M. Medical Examiner.	6 a Single married, widowed, o	at the DERY CERTIEY. That I took charge of the rer	nains described
Name of husband or wife  6 (c) If alive, give age  years  inth date of deceased mo, day, yr.) Nov 2 1870  GE: Years Months Days  If less than one day  hr. min.  Other Conditions  Usual Occupation  12. Naper Dome a House of House  13. Birthplace Calvert Co. IIId  14. Maiden Name Arale Co, Burton  15. Birthplace Feters burg Va  (a) Intermediate Feters burg Va  (b) Address SIS SCOTT Street  (b) Address SIS SCOTT Street  (c) Cemetery crematory Mt Olivet  Lecation Tederical Surface  (b) Date thereof (month) (flay) (year)  (c) Cemetery crematory Mt Olivet  (d) Did injury occur, business of place)  (e) Where did injury occur, business of place)  (for place)  (g) Specify type of place)  While at work?  (g) Means of injury  23. Signature  M. Medical Examiner.  M. Medical Examiner.		han held an thereon and from	ni the evidence
inth date of deceased mo. day, yr. Nov 2-1870  GE: Years Months Days If less than one day hr. min  inthplace ISuction Industry or business At Hour 12 Naper Johns A Lounth 13. Birthplace Courset Co. IIId  14. Maiden Name Sarah Co. Burton  15. Birthplace Peters burg Va  (a) Informabilitys Florence Butler  (b) Address SIS Scott Street  (c) Cemetery crematory Mit Olivat  (d) Date thereof (munth) filay) (year)  (e) Cemetery crematory Mit Olivat  (d) Did injury occur? (City or town) (County) (Stabe)  (e) Medical Called Course of place)  (f) Medical Called Course of place)  (g) Means of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury  23. Signature M. Medical Examiner.	F WHITE SINGLE		
inth date of deceased mo. day, yr. Nov 2-1870  GE: Years Months Days If less than one day hr. min  inthplace ISuction Industry or business At Hour 12 Naper Johns A Lounth 13. Birthplace Courset Co. IIId  14. Maiden Name Sarah Co. Burton  15. Birthplace Peters burg Va  (a) Informabilitys Florence Butler  (b) Address SIS Scott Street  (c) Cemetery crematory Mit Olivat  (d) Date thereof (munth) filay) (year)  (e) Cemetery crematory Mit Olivat  (d) Did injury occur? (City or town) (County) (Stabe)  (e) Medical Called Course of place)  (f) Medical Called Course of place)  (g) Means of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury occur about home, on farm, inclustrial place, in publicate of injury  23. Signature M. Medical Examiner.	( husband or wife	obtained by said had that said	account control
Interplace    Comparison   Comp	Name of husband of the following the followi		
Due to  Other Conditions  Clark or business  12. Nagar Johns & Hourt  13. Burthplace Coulout & Jount  14. Maiden Name Sarah & Burton  15. Burthplace   Etersburg Va  (a) Informatifus Florence Butter  (b) Address 575 S'cott Street  (c) Cemetery gerematory Mtt Olivat  Location Fledenck Rosh  (a) Due to  Other Conditions  (Include pregnancy within 3 morths of death)  Underline the entire to while death should be caused the should be compared station.  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in publiplace?  (e) Means of injury  23. Signature  Nedlical Examiner.	V- 2 1870		Duration
Due to  Other Conditions  Clark or business  12. Nagar Johns & Hourt  13. Burthplace Coulout & Jount  14. Maiden Name Sarah & Burton  15. Burthplace   Etersburg Va  (a) Informatifus Florence Butter  (b) Address 575 S'cott Street  (c) Cemetery gerematory Mtt Olivat  Location Fledenck Rosh  (a) Due to  Other Conditions  (Include pregnancy within 3 morths of death)  Underline the entire to while death should be caused the should be compared station.  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in publiplace?  (e) Means of injury  23. Signature  Nedlical Examiner.	Birth date of deceased mo, day, yr. 31 00 2	Immediate cause of death	
Industry or business At House  12. Name Johns a Lounth  13. Birthplace Coulout Co. Md.  14. Maiden Name Arale Co. Burton  15. Birthplace Petersburg Va.  16. Informalles Florence Butler  16. Address 515 Scott Street  16. Date thereof (month) (lay) types  17. Cemetery crematory Mt Olivat  18. Compared to the place of occurrence  19. Date of o	ACE. Years Months Days	Joy perlensing	
Usual Occupation House  12 Name Dine a House  13 Barthplace Calvert 6. Illa  14 Maiden Nam Sarah 60, Burton  15 Birthplace Petersburg Va  (a) Information or remark  (b) Date thereof (munth) filay) tyear)  (c) Cemetery gerematory Mt Olivst  Location Heden of Doot  (a) Funeral director linear booth  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur?  (e) Means of injury  (d) Means of injury  (e) Means of injury  (d) Means of injury  (e) Means of injury  (d) Means of injury  (e) Means of injury  (f) Means of injury  (g) Signature  (e) Medical Examiner.  Medical Examiner.  Medical Examiner.	104 0 24 hr	- Southern	
Due to    Due to   Due to   Due to   Due to	Batterion ma	Due to artervaluous	
12. Name Johns a 20 cent.  13. Barthplace Collect Co. IIId.  14. Maiden Name Sarah Eo. Burton  15. Birthplace Petersburg Va  (a) Informacillus Florence Butler  (b) Date thereof (month) clay) types  (c) Cemetery Crematory Mt Olive T.  Location Fledencik Road  Location Physician  (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place)  (e) Means of injury  23. Signature  Other Conditions  Physician  (Include presunancy within 3 months of death)  (Include presunancy within 4 months of death)  (Include	Birthplace (Town, county, and state)	Jeneral	
12. Name Johns a 20 cent.  13. Barthplace Collect Co. IIId.  14. Maiden Name Sarah Eo. Burton  15. Birthplace Petersburg Va  (a) Informacillus Florence Butler  (b) Date thereof (month) clay) types  (c) Cemetery Crematory Mt Olive T.  Location Fledencik Road  Location Physician  (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place)  (e) Means of injury  23. Signature  Other Conditions  Physician  (Include presunancy within 3 months of death)  (Include presunancy within 4 months of death)  (Include	Housewife	Due to	3
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Informatiles Florence 13 actor  Address 515 Scott Street  Address 515 Scott Street  Date thereof (Month) (May) (year)  Cemetery of crematory Mt Olive County  Location Medical Evaminer  Book  Timeral director Levis Book  Medical Evaminer  Medical Examiner  Medical Examiner  Medical Examiner	Feterstourg Va		charge t statis
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Fineral director Clean Street (Means of injury & Wallenweber M. 23. Signature JA & Wallenweber M. Medical Examiner	(e) Cemetery Crematory & Roal	d Did injury occur about home, on farm, industri	cork?
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23. Signature Medical Examiner	William Gook		
Address Date signed hov. 260 183	1217 9x Paul Sheet	The second second	Cer M.
Registrar Date signed Nov.	b) Address /-/ On	Medical Exam	iner
THE PARTY OF THE P	Rogistra	Date signed www.	

### HEALTH DEPARTMENT-CITY OF BALTIMORE

HEALTH DEPARTMENT	- UNE 62212
1. PLACE OF DEATH Sinai bos	Registered No
ength of residence in city of total	mon da. How long in U. S. If of foreign birth? yrs. 1000 ds.
2. FULL NAME Elisable  (a) Residence: No. 1/67 E. Combat  (Usual place of abode)	St., Ward.  (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  M. M. married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (month, day, year)  22. I HEREBY CERTIFY, That I attended deceased from  23. 19.39  1 last any hamilton. Mov. 2 1, 19.39  Death is said
DATE OF BIRTH (month, day, year)  None   Months   Days   If LESS than	to have occurred on the date stated above, at 11 a.m.  The principal cause of death and related causes of importance were as follows:
The land of work done, as spinser, sawyer, hookkeeper, etc	Carsenoma of Esophagus Hoo,'s
work was done, as alk mill, saw mill, bank, etc.  16. Inte deceased last worked at this occupation (month and year)  R 11444 A -	Was an operation performed yes Date of 100.10, 39
(State or exentry)  13. NAME small geleberg  Division	Name of operation and alternation was there an autopay?
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  OSL  Parallel	23. If death was due to external case (matter) in in also the low-lowing:  Accident, suicide, or homicide?  19
16. HIRTHPLACE (city or town) - Restrict (State or country)  Was fine Gilleberg	Where did injury occur?  Specify whether injury occurred in inchetry, in home, or in public place
R. BIRIAL, CREMATION, OR REMOVAL.	Manner of injury
1. INDERTAKER SOL Winton & Bros.	24. Was discuse or injury in any way related to compation of decreased?  O. If so White Company M. D.  (Signed)
Registrar.	(Address) true 100 100 100

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VS 3

## CERTIFICATE OF DEATH



Description of the stay in hospital or sinst. (yrs., mos., or days.)  Length of stay in bashimore (yrs., mos., or days.)  Length of stay in Baltimore (yrs., mos., or days.)  PULL NAME  Such Social Security Account No.  Sex  5. Color or race  6. (c) If alive, give age  years  Birch date of deceased (mo., day, yr.)  Birchplace  Acc. (Description data)  12. Names (Marker Marker Marker)  13. Birchplace  14. Maiden Name (Marker Marker)  15. Birchplace  16. (c) It alive, give age  years  17. Name of husband or wide  (Does county, and state)  18. Could be recently within a months of death, the fadden of the same to which a death, should be charged statis.  19. County or business  11. Names (Marker Marker Marker)  12. Names (Marker Marker Marker)  13. Birchplace  14. Maiden Name (Marker Marker)  15. Birchplace  16. (c) It alive, give age  years  17. County or within a months of death, the following:  18. County or within a months of death, the following:  19. County or cremating or remove the following:  10. Secretary or crematory or cremator	CERTIFICATE		
Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days) 1 day Length of stay in hospital or inst. (yrs., mos., or days) 2 day Length of stay in hospital or inst. (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in Baltimore (yrs., mos., or days) 3 day Length of stay in hospital or inst.  No.  Social Security Account No.  Social		2. USUAL RESIDENCE OF DECEASED:	11
Street address  Pettern of Steam Pettern of Steam Hospital or institution:  University of which stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital or inst. (yrs., moe., or days) 1 day  Length of stay in hospital length of stay in hospital length occurrence of decensed from . (yrs., moe., or days) 1 gas.  Length of stay in h	ACE OF DEATH:	County Carro	
Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days) 1 day  Length of stay in Baltimore (yrs., mos., or days) 2 day  FULL NAME  Social Security Account  No.  Sex  5. Color or race  6 (a) Single, married, widowed, or diverced.  6 (c) If alive, give age  years  Birth date of deceased (mo., day, yr.) 11 2 6 3 7.  AGE: Years Months  Days  12. Names Months  12. Names Months  13. Birthplace  14. Maiden Name Months  14. Maiden Name Months  15. Birthplace  16. Date the root of Months  16. Date the root of Months  17. Address  18. Mandan Name Months  18. Birthplace  19. Address  19. Address  10. Just the following:  (a) Accident, suicide, or homicide.  (b) Date the root of Joseph Courter (incomp)  (incomp) (incomp)  (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp) (incomp)  (incomp) (incomp) (incomp) (incomp) (incomp)  (incomp) (in	Baltimore City, Maryland	n his Mil day	ev
Length of stay in hospital or inst. (yrs., mos., or days) 1 day  Length of stay in hospital or inst. (yrs., mos., or days) 3 day  FULL NAME  But Warrer  MEDICAL CERTIFICATION  20. DATE OF DEATH 11-27-39 19 at 4 P M  21. Leretfy that death occurred on the date above stated; that I strend- divorced.  No.  No.  No.  Social Security Account  No.  Sex  5. Color or race  b (a) Single, married, widowed, or divorced.  No.  Name of husband or wife  6 (c) If alive, give age years  6 (c) If alive, give age years  6 (c) If alive, give age years  10. Name of husband or wife  11. Leretfy that death occurred on the date above stated; that I strend- edecased from. Mr. 21. 1934. to Mer. 27. 1934.  11. Leretfy that death occurred on the date above stated; that I strend- edecased from. Mr. 21. 1934. to Mer. 27. 1935.  and that I last saw heb. alive on Mer. 27. 1935.  AGE: Years Months  Days  If less thatform day  AGE: Years Months  12. Name of husband or wife  (Lown, county, and state)  Charled prognancy within 5 months of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (b) Date of occurrence  (c) Go or town) (County) (State)  (c) Cemetery or crematory for the following of the continual for the co	Street address / LLCV	c) City or town town limits, write RURAI	and give town)
Length of stay in hospital or snat. (yra, mos., or days) 1 day  Length of stay in Baltimore (yra, mos., or days) 3 4 Mar.  Length of stay in Baltimore (yra, mos., or days) 3 4 Mar.  PFULL NAME  But Wounds  MEDICAL CERTIFICATION  10. Social Security Account  No.  Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  No.  Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  No.  Sex 6 (c) If alive, give age years  G(c) If alive, give age years  Birth date of deceased (mo., day, yr.) 11 2 2 3 9.  AGE: Years Months Days 11 less thatformed day  12. Name of husband or wife (Lower, county, and state)  12. Name of husband or wife (Lower, county, and state)  13. Birthplace Marriage Marriage Marriage (Principles)  14. Maiden Name! Wounds Marriage Marriage (Principles)  15. Birthplace Marriage Marriage Marriage (Principles)  16. address flew Marriage Marriage (Principles)  17. Address flew Marriage Marriage Marriage (Principles)  18. Date thereof Marriage Marriage Marriage (Principles)  19. Date thereof Marriage Marriage Marriage (Principles)  19. Date thereof Marriage Marriage Marriage Marriage (Principles)  19. Date of occurrence.  (Principles of place)  (Pri	Hospital or institution:		
Length of stay in Baltimore (yes, mos, or days). The state of the stat		Street No. If rural give location)	
Length of stay in Baltimore (yes, mos, or days). The state of the stat	Length of stay in hospital or inst. (yrs., mos., or days)	how lone in U. S. A.?	years .
MEDICAL CERTIFICATION  Sex   Social Security Account No.    No.   Social Security Account No.    Sex   Social Security Account No.    No.   Social Security Account No.    No.   Social Security Account No.    No.   Social Security Account No.    12.   Lertify that death occurred on the date above stated; that lattended deceased from Not 26   19.39. to Not 27   19.39. to No	Length of stay in Baltimore (yrs., mos., or days) 34 wrs.	(c) If foreign born, now long in	
Sex   5. Color or race of (a) Single, married, widowed, or divorced.  Sox   5. Color or race of (a) Single, married, widowed, or divorced.  Sox   5. Color or race of (a) Single, married, widowed, or divorced.  Sox   5. Color or race of (a) Single, married, widowed, or divorced.  Sox   5. Color or race of (a) Single, married, widowed, or divorced.  Sox   5. Color or race of (a) Single, married, widowed, or divorced.  Sox   6. (a) Single, married, widowed, or divorced.  Sox   6. (a) If alive, give age   years   21. Icertify that death occurred on the date above stated; that I attended ed eccased from   Mor 24   1934, to   Mor 27   1939, and that I last saw hear, alive on   Mor 28   1934, to   Mor 29   1939, and that I last saw hear, alive on   Mor 29   1939, and that I last saw hear, alive on   Mor 29   1939, and that I last saw hear, alive on   Mor 29   1939, and that I last saw hear, alive on   Mor 29   1939, and that I last saw hear, alive on   Mor 29   1939, and that I last saw hear, alive	FULL NAME Balm Sirl Wa	MEDICAL CERTIFICATION	
Sex 5. Color or race of (a) Single, married, widowed, or divorced.  Name of husband or wife  Birth date of deceased (mo. day, yr.) II 24 39.  AGE: Years Months Days If legs therefore day and that I last saw here, alive on Mer. 27. 19.39.  Birthplace Mark March March March Major findings:  12. Name March March March Major findings:  13. Birthplace March March Major findings:  14. Maiden Name March March March Major findings:  15. Birthplace March March March Major findings:  16. Address March March March March Major findings:  17. Address March March March March Major findings:  18. Birthplace March March March Major findings:  19. Address March March March March Major findings:  10. Date thereof Mov. 28-3  10. Date thereof Mov. 28-3  10. Date of occurrence  11. Date thereof Mov. 28-3  12. Lecrify that death occurred on the date above stated; that I attended ed deceased from March 1934. 1	If veteran, name war	11-27-39 19	, at 4 P M
divorced.    divorced.   divor	No.	- 1 1 . L	ed; that lattend-
Birth date of deceased imo, day, yr.)  Birth date of deceased imo, day, yr.)  Birthplace Mar Windson, Canall & There is that one day  Birthplace Mar Windson, Canall & There is that one day  Birthplace Mar Windson, Canall & There is that one day  Birthplace Mar Windson, Canall & There is that one day  Birthplace Mar Windson Mark  Birthplace Mar Windson Mark  Birthplace Mar Windson Mar  Coperations  Coperations  Coperations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or hornicide.  (b) Date of occurrence.  (c) Where did injury occur?  (c) Where did injury occur?  (c) Cernetery or crematory for truck Windson Mar  Birthplace Mar Windson Mar  Birthplace Mar Windson Mar  Connection Windson Mar  Birthplace Mar Windson Mar  Coperation Windson Mar  Birthplace Mark Windson Mar  Coperations  Connection While at work?  Coperation While Address While While Address While While Address While	divorced	Mar. 2L 1939, to Jun.	17.00.00
Birth date of deceased (mo., day, yr.) II 26 39.  AGE: Years Months Days If less thancone day name of the work of the country and state)  Due to Due	F W.	ed deceased flow her alive on Mer 27 1	939.
Birth date of deceased (mo., day, yr.) II 26 39.  AGE: Years Months Days If leas thanfone day  Birthplace Mew Words Caroll 6  Other Conditions  Due to  Other Conditions  Include pregnancy within 3 menths of death)  Hadden Name Words Of operations  14. Maiden Name Words Of Of operations  15. Birthplace Medford Med  16. Address few heldends Med  (b) Date thereof Mov. 28-20  (c) Cernetery or crematory or cre	Name of husband or wife		561-111-7
Birth date of deceased (mo., day, y).  Birthplace New Windson, Canall & Due to  Other Conditions  12. Name Starting Warner  13. Birthplace New Windson Mid- 13. Birthplace New Windson Mid- 14. Maiden Name Wiran Oct 15. Birthplace New Windson Mid- 16. Address New Windson Mid- 16. Address New Windson Mid- 17. December of the Windson Mid- 18. December of the Windson Mid- 19. December of the Windso	6 (c) If alive, give age years	Immediate cause of death	34 ws.
Birthplace New Windson, Carvell &  Due to  Other Conditions  12. Names Starting Warrer  13. Birthplace New Windson Mid.  14. Maiden Name Warrer  15. Birthplace Medford Mid.  16. Address New Kindson Mid.  17. Inderline the cause to which death should be death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  M, D.  14. Address New Mandada M. M. M.  M, D.  15. Birthplace Method to which death should be de	Right date of deceased (mo., day, yr.) 11 26 39	1) Land	
Birthplace New Windson, Canall &  Other Conditions  12. Name Starling Warner  13. Birthplace New Midward Midward Midward Major findings:  Of operations  Of autopsy  15. Birthplace Medican Madward Midward Mi	ACE: Years   Months   Days   If less than one day	B	
Description  1. Industry or business  1. Names Starting Warner  1. Names Starting Warner  1. Names Starting Warner  1. Names Starting Warner  1. Major findings: Of operations  Of autopsy  1. Birthplace Medical Mud.  1. Birthplace Mud.  1.	34 mb	Due to	
Description  1. Industry or business  1. Names Starting Warner  1. Names Starting Warner  1. Names Starting Warner  1. Names Starting Warner  1. Major findings: Of operations  Of autopsy  1. Birthplace Medical Mud.  1. Birthplace Mud.  1.	New Wy adsor Caroll &	Due to	-
12. Names turing Warner  13. Birthplace Ment Minigary Mid  14. Maiden Name Warner  15. Birthplace Ment Manuary  16. a) Informant Sterly Maruer  16. Address Sew Minigary  17. a Burnal (b) Date thereof Nov. 28-30 (month) (really).  18. Date of occurrence  19. Where did injury occur?  19. Cernetery or crematory for truk lung  19. Coattonnear Manuary  19. Coattonnear Manuary  19. County (State)  19. Address Hur Manuary  19. County (State)  19. Address Hur Manuary  19. Specify type of place)  10. Means of injury  10. Signature  10. Means of injury  11. Address Hur Manuary  11. Address Hur Manuary  12. Include pregnancy within 3 menths of death)  13. Birthplace (b) Major findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public while at work?  (e) Means of injury  13. Signature  14. Maiden Name (Linch the cause to which death should be charged statistically.	Birthplace (Town, county, and state)		
12. Name of the lange of the la	, Usual Occupation	Other Conditions	
13. Birthplace Musican Of operations  14. Maiden Name Wirian Of  15. Birthplace Mulford Mud  15. Birthplace Mulford Mud  16. Address Musican Mud.  (b) Address Musican Of operations  Of operations  Of operations  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (a) Puneral director he hereof Mov, 28-37  (b) Address Musican Mud  (c) Cernetery or crematory The Truk Curr, Location Musican Musican Mud  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  M, D. J.  Address Musican Mud  (b) Address Musican Mud  (c) Specify type of place)  (e) Means of injury  23. Signature  M, D. J.	. Industry or business		PHYSICIAN
13. Birthplace Musican Of operations  14. Maiden Name Wirian Of  15. Birthplace Mulford Mud  15. Birthplace Mulford Mud  16. Address Musican Mud.  (b) Address Musican Of operations  Of operations  Of operations  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (a) Puneral director he hereof Mov, 28-37  (b) Address Musican Mud  (c) Cernetery or crematory The Truk Curr, Location Musican Musican Mud  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  M, D. J.  Address Musican Mud  (b) Address Musican Mud  (c) Specify type of place)  (e) Means of injury  23. Signature  M, D. J.	12 Nomesterling Warner	Include pregnancy within 5 ments	Underline the
14. Maiden Name Muliford Mud  15. Birthplace Medford Mud  16. Address Mushindan Mud.  16. Address Mushindan Mud.  17. (a) Date thereof Mov, 28-3  18. (b) Date of occurrence  (c) Cernetery or crematory for Muching Mud  Location Muan  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address Mushindan Mud  (h) Add	man Miludson Mil	Of operations	dust hould be
15. Birthplace    Methodson M.     Morrial Sterling Warner     Morrial Sterling While at work     Morrial Sterling Warner     Morrial Sterling	13 Birthplace / fatt		charged statis-
15. Birthplace    Methodson M.     Morrial Sterling Marrier     Morrial Microson M.     Morrial County Methodson M.     County Methodson M.     County Methodson M.     County Methodson M.     Morrial County Methodson M.     County Methodson M.     Morrial County Methodson M.     Morria		Of autoney	
(a) Accident, suicide, or homicide  (b) Address flew Whendard M.  (b) Date thereof Nov. 28-37  (c) Cernetery or crematory has creek lew Mile at work?  (c) Cernetery or crematory has creek lew Mile at work?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Means of injury  (h) Date of occurrence  (h) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date of occurrence  (h) Date of		22 If death was due to external causes, fill in the	following:
(b) Address few Mindage (b) Date thereof Nov. 28-37 (c) Where did injury occur?  (c) Cernetery or crematory he creek lew (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Where did injury occur about home, on farm, industrial place, in public place?  (g) Means of injury  (h) Means of injury  (g) Means of injury  (h) M	+ la marine	(a) Accident, suicide, or homicide	
(c) Cernetery or crematory he Creek Curry  Location near Multiplatius of Source  (b) Date thereof WV, 28-3 (c) Where did injury occur?  (c) Cernetery or crematory he Creek Curry  Location near Multiplatius of Specify type of place)  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Where did injury occur?  (g) Where did injury occur?  (h) Did injury occur about home, on farm, industrial place, in public place?  (g) Where did injury occur?  (h) Did injury occur?  (g) Where did injury occur?  (h) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Where did injury occur?  (g) Where did injury occur?  (h) Did injury occur about home, on farm, industrial place, in public place?  (g) Specify type of place?  (g) Means of injury  (h) Did injury occur?  (h) Did injury occur about home, on farm, industrial place, in public place?  (h) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Did injury occur?  (g) Did injury occur?  (h) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Did injury occur about home, on farm, industrial place, in public	Address New Mendson Mar.		•••
(c) Cemetery or crematory Pike Creek Clery,  Location Mean Microsoft Med Specify type of place)  8 (a) Funeral director he he place Microsoft Med  (b) Address New Mighabar Mid.  (d) Did injury occur about home, on farm, industrial place, in public While at work?  (e) Means of injury  23. Signature  M, D. 1.  (d) Did injury occur about home, on farm, industrial place, in public While at work?  While at work?  Specify type of place)  (e) Means of injury  Location Means of injury  Loc	N. no	Where did injury occur?	
Commercial Michael Michael Man Specify type of place)  8 (a) Funeral director hil hill plantific of Means of injury  (b) Address New Keyndar Mid.  (c) Cemetery or crematory of the Mile at work of place?  (d) Means of injury  23. Signature  M, D. 1,  14. Address New Keyndar Mid.	(Burial, cremation, or removal) (month) (19) (year	or a series about home, on farm, industr	ial place, in public
Execution rear Million tiple of Sous (8) Means of injury LBS Corus M. D. J.  (b) Address New Reyndam M. d. 23. Signature 14. Hospital ate signed 11/27 d.	Cornetery or crematory Pike Crack Can	While at	vork?
8 a Funeral director he helphar mid. (e) Means of injury III Turns  M. D. J.  Address New Reyndant Mid.  23. Signature  14. Webstart signed 1/27	I di militare de la companya della companya della companya de la companya della c	placer (Specify type of place)	
6 Address New Kelyndar Mcd. 23. Signature to Hospital ate signed 11/27	1 1 1 1 1 1 MILL I WENT	(e) Means of injury & REST (1941)	
	8 a Funeral director we Killer Lary Micd.	-1/12/2/10-000	M, D. 1.
A CONTRACTOR OF THE PROPERTY O	(b) Address / fur		signed HALL
9 10 Date regulator regulators	9 /a Date reciding registrar)	MycAndress	1 /

CITY OF BALTIMORE 63314 HEALTH DEPARTMENT-CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or Institution, give its NAME instead CITY OF BALTIMORE: (No. of street and number.) How long in U. S. If of foreign birth you mos ... Length of residence in city or town where death occurred. If U. S. Veteran specify WAR Havas 11#2 Ward. .. (a) Residence: No. (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. or Divorced (write the word) 19 3 9 21. DATE OF DEATH (month, day, year) SKX 4. Color or Race ,1 HEREBY CERTIFY, That I attended deceased from Married 1934. to May 27 a. If married, widowed, or divorced HUSBAND of Robert John Arrington, Jr. 8 19 3 7 Death is said to have occurred on the date stated above, at., DATE OF BIRTH (month, day, year) MSV 27, 1918 The principal cause of death and related causes of Date of enset If LESS than importance were as follows: Months Daye AGE 1 day ......hrs. bmos. or .....min. ency maternal 8. Trade, profession, or particular kind of work done, as epinner, Ousewife sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill. home naw mill, bank, etc ... 11. Total time (years) 10. Unte decenned last worked at this occupation Imputh and 39 occupation Tyre 2. BIRTHPLACE (dty or town) Baltimore, Md. w Was an operation performed? -(State or country) For what disease or injury? 12. NAME Warren Custer Brown Name of operation 14. BIRTHPLACE (etc or town) Unity, Montgomery (State or country) What lest confirmed diagnosis !.... .Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: 15. MAIDEN NAMETens Isabell Specht .Date of injury ..... Accident, suicide, or homicide?... 16. BIRTHPLACE (city or town) C (erson Station Where did injury occur?.. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public (State or country) Address Manner of injury. REMOVAL S. BURIAL, CHEMISTION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) Moles H. Commille (Address) 420 9. Frederick are Registrur.

VS 4

# CERTIFICATE OF DEATH 163

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State In (b) County Ball	me
Street address	Royal - Pakker	ille
A. P. A.	(If autaide city or town limits, write RURAL	and give town)
It Jungh's Hospital a	1 Sacret No. 2706 maple are	
Len the of tay in hospital or inst. (yra, mos, or days)	(II FUILL SIVE COMMON	
Length of stay in Baltimore (yrs., miss. or days).	(e) If foreign born, how long in U. S. A.?	years/
a FULL NAME MYPRA ELLIOTT	- (MRS)	V
b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	25
No. INTE	20. DATE OF DEATH Soventer 27 14 19 39	, at 10 a.M
5 Color of race 6 a Single, married, widowed, or	21. THEREBY CERTIFY, The thook charge of the rer	mains described
Jan white divorces // as sind	above, held an Angley) thereon and from	m the evidence
	obtained by said sugarty find that said	decenned came
(b) Name of husband or wife to life alive, give age years	to her death on the day stated above	
Birth date of deceased mo, day, yr 17026 1886		Durstion
AGE: Years Months Days If less than one day	Immediate cause of death	Detation
A / La mun	Porsoning Brokland	
23	of mereny , age	
Birthplace ( M) ( Two, wints, and have	Due to	
), Usual Occupation of the still	D	
1. Industry or business	Due to	
12 Name/powerod J Bervery	Other Conditions	-
12 Name/ 12 W 10 LD		PHYSICIAN
13 Birthplace Charle Co 11/12	(include programmy within a months of death)	Und rline th
14 Maiden Namos allie unh novon	Major findings: Of operations	case to which
15. Binhplace Lins a 413		death should be charged status-
	Of autopsy	tically
10 (a) Informant Lifty to the Town will	To B death was due to external causes, fill in the f	ollowing:
h Address 2707 mobile stol Joch will	Accident, suicide, or homicide	
7 was a start In Date thereof 11 3016 (year)	Date of occurrence how. 2784)	7 - 7
Charles ercharles of remaining of the format	(c) Where did injury occur? Parkerle, (Con or town)	unty) (State
Cemetery or crematory	d Did injury occur about home, on farm, industria	I place, in public
Location Cally 11111	place? While at wo	ork)
8 In Juneral director/whork	(c) Means of injury brolleride of huse	my + lyral
(b) Address 131701 Tould	as a wallen	when M.D.
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Medicari	ner
Presidtyrg fran	Date signed 127, 1939	

HEALTH DEPARTMENT-CITY OF BALTIMORES:316 CERTIFICATE OF DEATH Registered No. 1. PLACE OF DEATH (If death occurred in a huspital nr institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. ds. How long in U. S. If uf foreign birth? yrs. mos. ds. If U.S. Veteran 2. FULL NAME Jours (Jours Jugson) (If non-resident give city or town and State) (a) Residence. No. (Lisual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) Nor 25 5. Single, Married, Widowod. or Divorced (write the word) 22. A HEREBY CERTIFY, That I attended deceased from SEX . 139 to Nov. 25 129 Married I last now h & Ralive on Nove Mark 16, 39 Death is said William J. Simyson to have occurred on the date stated above, at 6 :457 The principal cause of itenth and related nause of DATE OF BIRTH (month, day, year) If LESS than runary lance of V.B. Years Months nr min. s. Tade rofession, or p rticular kild f work die seginner. sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, Other contributory causes of importance: saw mill, bank, et ... 11. Total time (years) 10. Date deceased last worked at apent in this this occupation (month and occupation year) 2. Date of AUG. 1/439 EIRTHPLACE (city or town) For what disease or injury CANGER. OF C. ned (State or country) 20003 IL NAME What test confirmed discounts " Dwest Was there as authors " No 23. If death was due to e ternal causes (violence) fill in also the fol 14 MIRTHPLACE leity or town) TErmany St. to of country) Accident, spicide, or home ide? No Date of in lary 15 MATTHEN NAME 47 MAZZ (Specify city or town, county and State) IS HIRTHPLACE (sity or tree) ( the or country) 17. INFORMANT Manner of injury 18 BURIAL, CREMATION, OR PEROVAL Name of injury 24. Was discuse or injury in any way related to occupation of deceased? NO If No, specify Mande 4535 Harfal Rel. M. II. 19. UNDERTAKER

Address

2 | HID

### CERTIFICATE OF DEATH U

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	a State (b) County	
Baltimore City, Maryland	a State	
Street address	(c) City or town 11f outside city or town limits, write ly have	Add town
Hospital or institution	1 O State of the Control of the Cont	
Kniversoly made	A Synta Ro. 002 E. Alling on 102	
Length of stay in hospital or inst. (922, mos., ar days)	(c) If foreign born, how long in U. S. A.)	years
Length of stay in Baltimore (yrs., mos., or days)		
FULL NAME Joseph R. Bowen	MEDICAL CERTIFICATION	
3 & Social Security Account	20. DATE OF DEATH MOV. 28 1934, at	4157 M
No. 2 2 - 04	1 hadae above stated: !	hat I hitemu-
Sex 5. Color or race 6 (a) Single, married, widowed, or	Nor 2 197 to Vor	, 17
talk Whate divorced Merried	and that I last saw h 1 M alive on Nov. 27 193	1.
is dead or wife Mollie Dowen	Immediate cause of death Entreme	Duration
	Immediate cause of death  Wellinia	-) mon.
Birth date of deceased mo, day, yr. lung 212/95		
AGE: Years Months Days If less than one day	Due so Muttiple mitaslases +	
44 2 28 hr. min.	Russine of shahland	
B. S. O. M.1	Due to Barrony (Rhabdonyo	4 3 1940
Dirihplace (Town, county, and state)  (Noual Occupation Machines)	Due to grantuite	
. Usual Occupation > Machine S/	Other Conditions	
		PHYSICIAN
12. Name Tough Mines Boured	Include pregnant, within 3 menths of death)	Underline the
13 Birthplace Balto. Co. Mid.		cause to which
13. Birthplace	thatter of there,	death should be charged status
14. Maiden Name Ella Books	Of autopsy spend, spline upition	tically.
16 Delalose	22. If death was due to external causes, fill in the following	owing:
Wollie Suren	(a) Accident, suicide, or homicide	
h) Address 600 8. arlington der	(a) Accraem, suicide, (b) Date of occurrence	
Dan the day	When did injury occur?	v) (State)
(month) (day) (year	d Did injury occur about home, on farm, industrial p	
(c) Cemetery or exemptory Par 1 word	d Did injury occur about nome, on talk, While at work	>
Balta, Co. 100.	place? (Specify type of place)	
Location William Bot		11
8 (a) Funeral director Parel St	23. Signature	M. D.
(b) Address	23. Signature  Address unulesty Kuset Date sign	red 11.27.3
9 (c) Regularia	Address	
Date rec d by registrar)	V	

PLACE OF DEATH:	2. USUAL RESIDENCE OF BECEASED:	
Baltimore City, Maryland	(a) State That (b) County	
Street address 2238 Sest (100)	(c) City or win Marylour	
Hospital or institution:	(c) City or then if or the limit, write the RAI	and give (7wn)
	de le No. 2238 Crest Co	ork
I Length of stay in hospital or inst. (yrs., mos., or days)	off rural give heation)	
Length of stay in Baltimore yra, mos, or days /0 4	(e) If foreign born, how long in U.S.A.)	years.
(a) FULL NAME Gustave Mobing		
h If veteran, name was 3 c Social Security Account	MEDICAL CERTIFICATION	
No. No.	20. DATE OF DEATH 700. 27 139	, 25 M
Sex 5 Calot or race 6 (a) Single, married, widowed, or divorced	21. I certify that death occurred on the date above state ed deceased from FUF, 1 1937, to The	7727938
(h) Name of husband or wife	and that I last naw have alive on Hov. 2619	25.
6 (c) If alive, give age years	Immediate cause of death Coronary	Duration 15 7614
Birth date of deceased mo, day, yr 11 21 1108	thromboses	157/ww
AGE: Years Months Days If less than one day	Due to arterio Scheroses	
br min	(Caronie)	
Birthplace White	Due to age.	
O. Usual Occupation whirey Maker (white)		<b>†</b>
1. Industry or business	Other Conditions Mysacrateles (Caronee) & albuminusis	
12. Name Too Moberg	(Chrone) & Wounders	PHYSICIAN
	Major findings:	Inderline the
	Of operations	don't be let be
14. Maiden Name Gally VVVV		harged tatis-
13. Birthplace Lack MANNE	Of autopsy	tickliv
6 a Informate, in 1/ 12 stress or	22. If death was due to external causes, fill in the fo	mownik.
b) Address and with Clock,	(a) Accident, suicide, or homicide (b) Date of occurrence	
7 has miles (b) Date thereof 11/28,31	(c) Where did injury occur?	
i urial, remati n, r r m val	(d) Did injury occur about home, on farm, industrial	
c Cemetery or Cematory	MODEL AT ANY	
Location July 3	place? While at wor	,
8 (a) Funeral director //WALTA	(e) Means of injury Jan 18 R. W.	ut.
Address / 2/184 Could let	23. Signature	J.M. D.
19 W Dute for the resistent	23. Signature & Gurman R. Hr. 23. Address Montrallan Mantiallan Mante aig	med 11/27/39

## CERTIFICATE OF DEATH

50423 SD F 63319 -C Registered No.

	V V	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State 1 2 2 and (b) County	
And The tare Avenue	Ral timer e	
Street address Hospital or institution:	(c) City or town (If outside city or town limits, write RURA)	, and give town)
Beltimore City Hospitals	Street No. 1406 N. Bond Sarent	
and an analysis of the second are devel 2 days	Street No. (If rural give location)	
Length of may in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeary
Length of etay in Baltimore (yra., mos., or days) Life	(c) It locking	1
a) FULL NAME William Cuddy		
La Contraction Account	MEDICAL CERTIFICATION	945
No. Mance	20 DATE OF DEATH Movember 26 1939	at 8 - PM
Sex 5. Color or race 6 (a) Single, married, widowed, or		d; that I attend-
divorced. Married	1 deceased from hour. 24 19.34, to	2 1967.
	and that I last saw h in alive on . W. 26 19	39
b) Name of husband or wife 6 c If alive, give age year		Duration
Birth date of decemed (mo., day, yr.) Sept. 20, 1857		4 days.
AGE: Years Months Days If less than one day	Due to	
Birthplace (Town, county, and state)	Due to	
l. Usual Occupation	Other Conditions Caramana of The protete	uhum
I. Industry or business rec. Fire Dept.	Other Conditions	PHYSICIAN
12. Name	(Include pregnancy within 3 months of death)	-
Marin Saint	Major findings:	Underline the
13 Birthplace	Of operations	death should be
14. Maiden Name Mary Land	Of autopay not done.	tically.
15. Birthplace	22. If death was due to external causes, fill in the	ollowing:
a Informant	22. It death was due to external causes, in the	
b) Address P. C. T.	(a) Accident, suicide, or homicide	
2 Sund (b) Date thereof 11/30/39.	(b) Date of occurrence. (c) Where did injury occur? (City or town) (Co	
Burial, cr mation, or removal) (month) (may) fyes		unty) (State)
Cemetery or cremator, well rong	(d) Did injury occur about home, on farm, industria	ork?
Location July 4 10 0 1	place? (Specify type of place)	
The state of the s	(e) Means of injury	,
8 (a) Funeral director	23. Signature mun aghels	V.D.
(b) Address for CVT	12/11/11/11	igned 11-27-
(Date rec'd by registrar) Registrar	Address Date of The Pp Date	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63320 Registered No.

LACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	a) State (1) County
Street address nous	( Marsharton)
Street address	(c) City or town imits, write RURAL and give town)
Franklin Sq. Hasp.	1977
Length of stay in hospital or inst. (yrs., moa., or days) 50 day	(If rural give location)
	If foreign born, how long in U. S. A.? years
Length of stay in Baltimore (yrs., mos., or days)	
FULL NAME House & Walker	
A A A A A A A A A A A A A A A A A A A	MEDICAL CERTIFICATION
If veteran, name war  No. No.	20. DATE OF DEATH NOV. 27, 1939. at 5 PM
Sex 5. Color or race 6 (a) Single, married, widowed, or	21 I cartify that death-occurred on the date above stated; that lattend-
divorced.	ed deceased from det 1, 1939, to Nov 27 1939.
	and that I last saw harm slive on 7100 27 19 39.
b) Name of husband or wife Wille Wolfer Works	
71 1.651	Jastrie Hemorrhage day
Birth date of deceased (mo., day, yr.)	
AUL:	Due to Malignant Hypertenion ?
400	
Birthplace West (Town, county, and ptate)	Due to
Usual Occupation	
Industry or business A	Other Conditions deute Oppenhicitie 19 804
1 . Hay 111 /1/2/1/20	(Include pregnancy within 3 months of death)
12. Maine	Add to be a second of the second
13. Birthplate	Of operations with appendiction cause to which death should be
14. Maiden Name Marth & Hayrmen	charged statio
15. Birthplace W	Of autopsy tically,
(a) Informant Als W W Walker	22. If death was due to external causes, fill in the following:
(h) Address 222 P Birdally	(a) Accident, suicide, or homicide
(b) Address 223 & Birldle G	(0.10h) Date of occurrence
(Burial, cremation, or removal) (Burial, cremation, or removal)	(City or town) (County) (State)
(c) Cemetery or crematory White Currelly	(d) Did injury occur about home, on farm, industrial place, in publi
· · · · · · · · · · · · · · · · · · ·	While at work?
Location Pharles Plowell	(Specify t) pe of place)
(a) Funeral director May 19 19 19 19 19 19 19 19 19 19 19 19 19	(e) Means of injury Whealler Daugherthy
(b) Address 24-17 ( muous say wie	23. Signature A. D.
(N) (O) 1024 (b)	Address Franklin Sp Date signed 11-27-3

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



23 Registered No. 3321

	and the state of t	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	a State Md. (h) County	
Street address 4940 Eastern Ave.		
Hospital or institution:	City or town Balto.	(Al and give town)
Balto. City Hospitals	. Sl4 Correllton Ave.	
Belto. City Hospitals  Length of stay in hospital or inst. (yrs., mos., or days) 96 da	of fural give location	11
Length of stay in Hospital of their you	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	(e) It toreign born, now long in C. S. 7 to	,
a) FULL NAME Wiley Hall	(36360)	X
b) If veteran, name war 3 (c) Social Security Account No.	medical certification  20. Date of Death November 26, 193	9 . 11:45 PM
Sex 5 Color or race to a Single married widowed, or	21. I certify that death occurred on the date above st.	ated; that lattend-
Male Colored divorced Separated	ed deceased from August 229 39 to No	v. 26, 19 39.
h Name of husband or wife Laura Mee	and that I last saw him alive on Nov. 26,	19 39
6 c If alive, give age years		Duration
Birth date of deceased mo, day, yr June 7, 1904	Tuber culons of the lung	March
AGE: Yeurs Months Days If less than one day		1/20
35 5 19 hr. min.	Due to	-
Birthplace S. Car.		-
Bethplace Town, counts and tate)	Due to	
Usual Occupation NONe		
I Industry or husiness	Other Conditions	
12 Name John Hall	Include pregrates within 3 months of death	PHYSICIAN
13 Birthplace ? ? S. C	Major findings:	Underline the
Donais.	Of operations	leath she dhe
14 Maiden Name Ainsley ? Davis	h)	harg d lalis-
15. Birthplace S. Car.	Of autopsy (1)	
o (a) Informant Hospital Records	22. If death was due to external causes, fill in the	tonowing.
(b) Address	(a) Accident, suicide, or homicide	
10 2934	(b) Date of occurrence	
7 (a   Date thereof (month) (day) (year	1010 01 10111	ounty) State)
Cemetery or gremayory f.	(d) Did injury occur about home, on farm, industr	
Location Columbia S. C.	place? (Specify type (Specify	work?
Sam. H. Chase Von	(e) Means of injury	
638 7 Glmer No	23. Signature	
(b) Address 638. 7. Within A		M. D.
9 (a) Registrar	Address Balto. City Hospitals Date	signed 11-27-

### HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICAT	E OF DEATH / /3/ F 63322
1. PLACE OF DEATH  ITY OF BALTIMORE: (No. 1 / 4 7 Shuk	Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2. FULL NAME - TO WIN where death occurred yrs.	mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.  If U.S. Veteran specify WAR
(a) Residence: No. / J H / L SILL	Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 Cler or East or Divorced Write the ward,	21. DATE OF DEATH (month, day, year)  22.   1   HEREBY CERTIFY, That   guended deceased from 2 5 10 25
MESHAND of Thomas fores	1 last saw he Talive on TUT 74 1939 Death is said
DATE OF BERTH month day Years   17 JESS than 1 day, hrs.	The principal cause of death and related causes of importance were as follows:
bred of work the sa spinner, of MULLIUTIEL of wire, bookkeeper, et	- Tufstrutie
p. Industry or his ness in which work was don, a saik mill, asw mill, bank, etc.  In. Die deceased last worked at this occupation (month and pear)	Other contributory causes of importance:
2. BERTHPLACE (city Excepted) - Chi 11 11 11	Was an operation performed? Date of
13 NAME Charty	No
11 HIRTHPLACE DE MY MILE ELL MI. J.	What test confirmed diagnosis? Was there in autopsy // / 23 lf death was due to external causes (violence) fill in also the following:
16 BIRTHPLACE (City Ext 4 Tivelly 91)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
INFORMANT Helen Lewis Waght	hlace
8. HE REAL CREMATION, OR REMOVAL Place on Lauburn Date Tow. 28 15	Manner of injury
MINDERTAKER & O Wilson	21. Was disease or injury in any way related to occupation of deceased
Registrar	Address & 27 Lelicolde

Registered No.

S   CERTIFICATION	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:		
Caltimore City, Maryland	a) State Ind. (1) County	
	O A A	
treet address	(c) City or town Salling RURA	L and give town!
Hospital or institution JOHES ROPKINS HOSPITAL	1 12 1 1	1.
fours not asses as	Danet No. 1 ao 4 h. Bond I	Y
mos or days 3das	(It repaid to	and the second
erigh of stay in hospital or inst. yrs., mos., or days 3dos	(e) It foreign born, how long in U. S. A.?	years
ength of stay in Baltimore yra, mos., or days	(8) If foreign power	/
	)	(
FULL NAME Gertrude Laylor	MEDICAL CERTIFICATION	20
1 ( ) Section Recurity (1000 and		
If veteran, name war		9. at 5 PM
No.	- I - the date above sta	ted; that lattend-
ex 5 Color or race to a Single, married, widowed, or	21. I certify that death occurred to 1939 to have	~ 231939.
divorced.	ed deceased from Nov 24, 1939. to Nove	19 39.
	and that I last saw her alive on how 23	Duration
Name of husband or wife		11 mos
ALCO II CONTRACTOR	Immediate cause of death Pulmon any +6c.	
Birth date of deceased mo, day, yr how 12 1903	4	-
Marke Dave II less than one		
min	Due to	
3		
Birthplace Virginia and state)	Due to	
Birthplace (Town, county, any state)		3 day
Usual Occupation	Other Conditions Hemophysi's.	
Industry or business		PHYSICIAN
E 1 R - 00	(Include prognancy within 8 months of death)	Underline the
12. Name 604. 13 terre	Major findings:	cause to which
13. Birthplace Ouguna:	Of operations	death should be
21 0		charged statis-
14 Maiden Name	Of autopsy	
15. Birthplace Jugina	22. If death was due to external causes, fill in the	e following:
Vo made	(a) Accident, suicide, or homicide	
(a) Informant HOPKINS HOSPITAL	(a) Accident, adicide, 5	
(h) Address	(b) Date of occurrence	
Bungl Date thereof the iday (year	(City or town)	County) (State)
(Jurial cremation, or removal)	d Did injury occur about home, on farm, indust	rial place, in publi
(e) Cemetery of crematory M. Cathery	A line a.	work?
n IT c.	Specify type of place)	
Location 12res a and	(e) Means of injury	-
8 (a) Funeral director & Walter	4 7 744	M. D.
(b) Address 1000 Brankleyes	23. Signature	
	Address Johns Happin's Pat	
9 a Registrar	4 Haspital	39
(Detare '1 by registrar)	71	

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63324

	Registered No
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 2626 Borne	St. Ward)  (If death occurred in a hospital or institution, give its NAME instead
TITY OF BALTIMORE: (No W	of street and number of
length of residence in city or town where death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Julia Shuson	specify WAR
Paridona No 2 6 2 6 Borne	St., Ward. (If non-resident give city or town and State)
(Laux. pince of annati	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
SEX Color or Race 5. Single, Married, Widowed, or Divorced (write the wurd)	21. DATE OF DEATH (month, day, year) Nov. 25, 1939 22. I HEREBY CERTIFY, That I attended deceased from
7. W. married	200.18 1039, 10 how. 25- 19.3
He WIFE of John Johnson	I last saw h. A alive on W 193 9. Death is said
7-16.11.1894	to have occurred on the date stated above, a 5.30 Pm.  The principal cause of death and related causes of
DATE OF BIRTH (month, day, year)  Nears Months Days If LESS than	
AGE Years Months i day, hrs.	Subacute feeteral
A Tende profession, or particular	2. Rhemotic Head divare
kind of work done, as apinner, sawyer, bookkeeper, etc.	2. (Cheminal III)
9. Industry or business in which work was done, as all mill.	Other contributory causes of importance:
naw mill, bank, etc.   11. Total time (years)	Other contributory causes of in-
this occupation month and	
Ball wel	Was an operation performed! Date of
12. RIRTHPLACE (city or town) (State or country)	For what thecase or injury?
# 11 NAME Steph Signiffor	The target of
	Name of operation  What test confirmed discussion (violence) fill in also the fo
14. BIRTHPLACE felty or town!	23 It death was due to obtain
# 15. MAIDEN NAME Julia ander	Accident, suicide, or homicide? Date of injury , 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in publ
El- & Lighthort	place
17. INFORMANT Cowards Co.	Manner of injury
CREMATION OF REMOVAL V	N of in MPM
Place 37 Calvary Can not 28. 10	24. Was disease or injury in any way related to occupation of decease
Ran Jan Dea	24. Was disease or injury in any way least.
22. UNDERTAKER	Ewell- Shewer to M.
(Address) 14 12 E	(Signed) & south of record of .
FUND 10 - 10 Controller Recietres	r. (Address) WIN Congress.

# 63325 STATE OF MARYLAND—CERTIFICATE OF DEATH 63325

				- Vayo	19
. PLACE	OF DEATH			Registration Dist. No.	
County				. 253. Pelinet Id St.	Ward
Village or	City Catherin	e. nd	(If	I at a sound in a hounital or institution, give its NAIVIC initiad or street and its	imher)
	esidence in city or town where			ds. How long in U.S. if of toreign birth? yrs. mos	CS.
	0 1 .	- 121	wh	M U. S. Veteran, specify WAR.	
2. FULL N	AME Julius	1	lunc	Ward	
(a) Resid	ence No. 2531 /	(Usualplace of abode)	d	If nonresident give city or town and	State
	NAL AND STATIST		RS	MEDICAL CERTIFICATE OF DEATH	
PERSO		5. SINGLE, MARRIED, W	DOWED,	21. DATE OF DEATH	9
SEX	4 COLOR OR RACE	OR DIVORCED (wate)	the word)	(Month) (Day)	193 (fear)
Male	Mele	1, led, cell		(works)	
If married with	dowed or divorced			1 HEREBY CERTIFY, That I attended to	10.34
(or) WIFE of	t				. 19 35
		14 27, 186	8	I last saw h win elive on nov 9 .19 37	death is said
	TH month day and year) 7 Years Months		LESS then	to have occurred on the date stated above, at 4 P m	
AGE	•7 /		min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of enset
_	//	1 01	- 4	Paranary Thomason	
hind	rotession, or particular of work done as SPINNER,	Vinceley	-0.	De 1-26 Hy Kulmathel.	
Q Industry	YER BOOKKEEPER, etc.	1	N	Leneral laster sofioner	
work	was done, as SILK MILL, MILL, BANK, etc.		J		
1 10 Date de	ceased last worked at	11 Total time (yes	ars)		
o this	occupation (month end	occupation		Other Contributory Causes of importance:	
12. BIRTHPLAC	E (city or town)	many			
	That breeze	1//			
13 NAME	ner sichter			Name of operation Date of	
	LACE (city or town)	***************************************		What test confirmed diagnosis? Wes there en	eutopsy?
	ate or country)			23 If death was due to externel causes (VIOLENCE) filt in elso the following	ig:
E 15 MAIDES	NAME Mir	unun		Accident, suicide, or homicide? Date of injury	19
O 16 BIRTHI	LACE (city or town)			Where did injury occur?	ate)
<b>X</b> (St	ate or country			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
17. INFORMANT	The many los	inghange?			
(Addres	ss) as all ill	with a		Manner of injury	
18 BURIAL CF	emation or removal	Date His Y	19 3		
Place				24. Was disease or injury in any way related to occupation of deceased?	
19 UNDERTAR	IR 74 /2. 1602	year.	OF	11 so, specify	
(Addie	2 . A . A . A . A . A . A . A . A . A .	of me thinks		(Signed)	5 M.
20 51150	1039 19		D.	(Address) 3501 Lancon 1	lod.
62.1	1300	and the same of th	Kegustar	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	
V	If:	more blanks are needed, addres	s State Regul	781, 2411 14. (1981)	

# HEALTH DEPARTMENT—CITY OF BALTIMORE 3326

CERTIFICATI	E OF DEATH V4 Registered No
I. PLACE OF DEATH  ITY OF BALTIMORE: (No. 150 West Lanvale	(If death occurred in
earth of residence in city or town where cents declared	If U. S. Veteran  specify WAR
2. FULL NAME Jessie Hunter deTrevi	
150 W. Lanyale St.	St.,
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  14 Color of Race   5. Single, Married, Widowed,	21. DATE OF DEATH (month. day, year) Nor 27. 1939
Female Mite 5. Single, Married, Wallower Divorced (write the word)	22. ALLE SERVICES CERTIFY, That I attended deserved 1939.
HI SRAND of John L. deTreville	I last naw her alive on. Nov 2 2 1929. Death is said to have occurred on the date stated above, at 1 18 h.
DATE OF BIRTH (month, day, year) ? ?	The principal cause of death and related causes of Importance were as follows:
AGE Years months 1 day, hrs. or min.	ORT Ring
S. I rade, profession, or particular hind of work done, as spinner.  **Note to bookkeeper, etc.  **Industry or business in which work was done, as sith will, naw mill, bank, etc.  10. Date develoed last worked at this or cupation (month and year)	Other contributory cames of importance:
(State or country)	Van an operation preference 200 thate of
13. NAME JOSEPH Hunter  14. HIRTHPLACE (city or town) Maryland  (State or country)	What test confirmed diagrams follower (violence) fill in also the fol-
(State or country)  Z 15. MAIDEN NAME Florence Slingluff	23. If death was one to extend the lowing: Accident, suicide, or homicide?
16. BIRTHPLACE (city or tewn) Bultimore, 11d. (State or country)	Where did injury occur? (Specify city or towo, county, and State)  Specify whether injury occurred in industry, in home, or in public
E. INFORMANT R. Page Hunter	Manner of Injury
be Burial, Cremation, or REMOVAL 12/29/3219	Nature of injur.  24. Was discuss or injury in any vehicled to occupation of deceased
10, INDERTAKER 16. CO Typears & Some	(Signed) M. I
20. FILED I The thing for living we don't	(Address) 1403 rack are
· O BBANGA. ML	Theo B. Alfred

CERTIFICA	ALE OF DEATHY	
	2. USUAL RESIDENCE OF DECEASED:	S. H. Tall
LACE OF DEATH: Baltimore City, Maryland Street address 6256 Bellona Cure Hospital or institution:	(a) State MA (b) County  (c) City or town Bullimits, write RURAI  (d) Street No. 6236 Belling  (if rural give location)	and give town)
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days). 31	£ 1	years years
a) FULL NAME William ) . Lands		
b) If veteran, name war 3 (c) Social Security According No. 2/6-07-19	30 November 25 1939	. at 3 2 P M
Sex 5. Color or race 6 (a) Single, married, widowe divorced.		25 1939,
0 11 11 211 11	years Immediate cause of death frembosis	Duration 5 days.
Birth date of deceased mo., day, yr.) May 20 18  AGE: Years   Months   Days   If less than one day hr.	In the second se	
Birthplace Perth (Town, county, and state)  O. Usual Occupation Systematics  + 1	Due to	
1. Industry or business / Julifury Constitution	Other, Conditions  eri-tousillar alress, oft  (Include pregnancy within 3 months of death)	PHYSICIAN Underline th
12. Name John Sunds 13. Birthplace Scotland	Major findings: Of operations	cause to whice death should be sharged a ati-
14. Maiden Name Maryaret farvers	Of autopsy	tically.
15. Birthplace School H. Harris William H. Harris	22. If death was due to external causes, fill in the	following.
(b) Address 6236 Bellona (w)  17 (a) Bunal (b) Date thereof (my), (th) (dh)	(b) Date of occurrence.  (c) Where did injury occur?	ounty) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industry place?	ial place, in publ
(b) Address 1922 W. Morth ave	(e) Means of injustice 23. Signature	migned Nov. 25
A 1000 A	strar Address Add at the	

5	27	28
1	e ses	ALC Y

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

95 B Registered No.

71675 CERTIFIE	The state of the s	
	2. USUAL RESIDENCE OF DECEASED:	THE RESERVE
LACE OF DEATH:	(a) State MD (b) County	
Baltimore City, Maryland	Baltimore	
Street address	(c) City or town BAITIMORE (If outside city or town limits, write RURAL	L and give town)
Hospital or institution:	Sprint No. 4668 YORK A	4.
Length of stay in hospital or inst. (yrs., mos., or days)		years
Length of stay in nospital of the control of days)	(e) If foreign born, how long in U. S. A.?	
Length of stay in Baltimore (yrs., mos., or days)	1	
a) FULL NAME WAITER JAMES GALL	A 9H CR MEDICAL CERTIFICATION	74
b) If veteran, name war   3 (c) Social Security According to No.717-07-7672	NOV 27 1939	7. m6 = AM
. 1 11		
	NAV X 1937. 10/1	
	and that I last saw h 1 M alive on Nor 27 1	
WIAN V. L		- Draw action
6 (c) If alive, give age	Heart Failure	2 hrs.
Birth date of deceased (mo., day, yr.) 5-11-87		-
AGE: Years Months		ayrs
52 6 16 hr.	vastular disease	
Birthplace (Town, county, and state)	Due to	
PLORK	Other Conditions Bronchial	6yrs.
U. Cidai Co. apartico	Other Condition Asthma	PHYSICIAN
12. Name John J. 4AllAqHel	(Include programs; within 8 months of death)	tinderline the
12. Name. LJONN 9.	Major findings:	cause to which
13. Birthplace MD	Of operations	death should be
13. Birthplace  14. Maiden Name MARY E GORMA!	Y	tically.
MD	Of autopay  22. If death was due to external causes, fill in the	following:
15. Birthplace Records	22. If death was due to external causes	
16 (a) Informant uncollect	(a) Accident, suicide, or homicide	
(b) Address Nor 21	(b) Date of occurrence	
17 (a) Burial (b) Date thereof 100 80	(year) (c) Where did injury occur? (City or town)	county) (State)
(Burial, cromation, or sales and Pook he	(d) Did injury occur about home, on farm, indust.  While at	work?
(c) Cemetery or commentery D. W. Comment	place? (Specify type of place)	
Location 11. 11. Moran	(e) Means of injury	. 0.
18 (a) Funeral director Than Balts	23. Signature Sidney Thay	M, D.
b) Address 3000 C. 13204	Date Date	e signed 11/27/2
19 (a) (b) Regis	Address Address	

V8 3

### CERTIFICATE OF DEATH

Registered No.

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
Street address 29 W ) Costle are	(a) State Md. b) County (c) City or town Sulformarc (If outside city or town limits, write RURA	v ad also town
Hospital or institution:	Street No. 2 739 LU. 16 Mills (If rural give location)	menue
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yra., mos., or days)	ow	
If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH 16 ov 27, 1939	4. at 3 - P. M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Willow!	21. I certify that death occurred on the date above sta	~ Ly 1939
b) Name of husband or wife tale 16 000 2. 111 Uses	and that I last saw her alive on nov-27 and that I last saw her alive on nov-27 and the limited age	y days
Birth date of deceased mo., day, yr.) July 1862.  AGE: Years Months Days If less than one day  77 9 9 hr. min.	Due to Paralysis	
Birthplace Ballies one, Md.  (Town, sounts, and state)  (Deval Occupation house work	Due to	20 year
Industry or business	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:	PHYSICIA!
13. Birthplace Baltimore, Md.  14. Maiden Name Saling B. Hammon	Of operations	death should charged and ically
	Of autopsy  22. If death was due to external causes, fill in the	
6 a Informan Mr Robert V. Moorth Ace.  6 Address 27 39 W. Morth Ace.	(a) Aecident, suicide, or homicide	
7 (a) Serial (month) tilay (ven)	The second of the second	mal place, in put
	place? (Specify type of place)	
18 (a) Funeral director follows offices.  (b) Address 9 Pl I office offices.	23. Signature Thomas Cond (Ista	pener M. D.
19 (a) Date of different (b) home to kelling	Address 2120 maryland Mar	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

F 63330 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH: Baltimore City, Maryland	mel a County	
Street address / 5/8 Taksley are	12. Airen	
Street address/ S ( S )	(c) City or town 15 active one (c) City or town 15 active or town limits, write RURA	I and give town
Hospital or institution:	A Sweet No. 15/8 Justilly of	ue
ar daye)	all reval give beations	
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeng.
Length of stay in Baltimore lyrs, mos., or days 50 - 100	(e) It love,	1
FULL NAME Off III ALLEN		
If paterate name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	11.2.
No.	20. DATE OF DEATH 1600 27, 4 193	, at Je Li M
Sex 5. Color or race 6 (a) Single, married, widowed, or	as I what death occurred on the date above state	ed, that rate is-
divorced married	ed deceased from 11/15 1937, to 11/2	2.59
Minnie Co. Marier	and that I last saw him alive on 11/2 7	Duration /
	Immediate cause of death	11/26/30
Post date of deceased mo, day, yr. (ef 12, 1871	Broncho pressioner	1,,,
ACE: Years Months Days It less than one day	Due to Cerebra Harmortoge	11/26/39
16 / 12 hr. min.		
D. T. in CHIEFE	Due to My por tension Cardio -	2
Light maker	vascula Desisa	-
	Other Conditions	-
I. Industry or business	(include pregnancy within 3 months of death)	PHYSICIAN
12. Name Otto Mauer	Major findings:	Underline th
13. Birthplace Kussea	Of operations	death should
14 Maiden Name Ulubrown	Of sureney 20	charged stati
15 Righerlance 16 cessea.	Of autopsy	following:
15. Birthplace  15. Birthplace  16. Lessia  17. Birthplace  18. Birthplace  19. Birthplace  19		
FIS OND THE		
Description     Section     Section     Section     Section     Section     Section     Section	7 July 1: d injury occur)	ounty) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industr	
( Cemetery or crematory outlon gain will	While at v	work?
Location 3801 fre desich Road	place? (Specify type of place)	
8 a Funeral director to they & Cowass Trons	(e) Means of injury	
(b) Address 901 st offices of falls.	23. Signature CPR 03 Hing Address 673 Washington Blow Date	17 0
a NOVE to the Theringer Helpaul	Address 673 Washington Blid Date	nigned
Date No et Meidtard		
V8 3		

F 63331

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	(a) State Md. (b) County
Street address 2010 Rueckert Ave	(II) Diak
Street address Hospital or institution:	(c) City or town (If outside city or town limits, write Rt RAL and give town)
riospital of matterior.	98 9010 Dungleart ive
	d Street No. 2810 Rusches Charles (11 rank give le ation)
Length of stay in hospital or inst. (yrs., mos., or days)	n. I
Length of stay in Baltimore yrs., mos., or days 11f	(e) If foreign born, how long in U. S. A.? years
. U. I. L.	MEDICAL CERTIFICATION
b) If veteran, name war 3 (c) Social Security Account	2016 30 P
No	20. DATE OF DEATH
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated, that lattend
Female White divorced Single	ed deceased from my 1 1935, 10/10 26 1939
b Name of husband or wife	and that I last saw h to alive on Nov 26 19 39.
6 / If alive, give age years	Immediate cause of death  Cardio Kinal i iclose 6 128
Birth date of deceased (mo., day, yr. March 4 1867	Carolo Remark Leiber 1
AGE: Years Months Days If less than one day	
72 8 121 hr. min.	Due to
Reltimore	
Birthplace (Town, county, and state)	Due to
0. Usual Occupation One	Other Conditions Ceses val Lawren house 24 ho
1. Industry or business	PHYSICIAN
12. Name Elijah H. Johnson	(Include pregnance within 3 months of d ath)
	Major findings:
I'm mir 31 Scot	Of operations
14 Maiden Paine	charged said
15. Birthplace Baltimore Md	Of autopsy  22. If death was due to external causes, fill in the following:
6 @ Informant ars. Frederick Neumayer	
Address 2810 Rueckert Ave	(a) Accident, suicide, or homicide
Rurial b Date thereof Nov. 29 1939	(b) Date of occurrence
in a cromation r r meva (month) (day) tyes.	( TITA () E COM 11)
Cemetery or crematory Parkwood Cemetery	(d) Did injury occur about home, on farm, industrial place, in pub
Talti mara Ca	place? While at work? (Specify type of place)
Location	
8 a Funeral director	(e) Means of injury
(b) Address North & Pennsylvania Aves	23. Signature M. D.
19 (a) b human glor inthemation	Address 3/56 Carried W Date signed 11, 279

## CERTIFICATE OF DEATH

Registered No.

Herpital or institution:  The pure of least in l	
16 Street address 26 to 4 Months of the region of the pitter of the pitt	
Herpital or institution:  The pure of least in l	
d) Length of stay in lospital or inet. (yrs., moa., or days)  (e) Length of stay in Baltimore (yrs., moa., or days)  (f) If foreign born, how long in U. S. A.)  (g) FULL NAME  (h) If veteran, name war  No.  Sex  S. Color or race  (ia) Single married, widowed, or diverced by the control of t	e town)
Length of stay in Bospital or inst. (yrs., mos., or days)   (e) If foreign born, how long in U. S. A.)     (e) FULL NAME	
(e) If foreign born, how long in U. S. A.  (e) If oreign born, how long in U. S. A.  (f) If veteran, name war  (g) If veteran, name war  (h) If veteran, name war  (h) Social Security Account  No.  (h) Sex  (h) Color or race  (h) Single married, widowed, or  (h) Name of husband or wite  (h) If alive, give age  (h) If alive, give age  (h) If less than one day  (h) If less than one	
(a) FULL NAME  (b) If veteran, name war  (c) If veteran, name war  (d) Social Security Account  No.  Sex  (e) Operation  (f) If veteran, name war  (h) Social Security Account  No.  (g) Date Of DEATH Concludes 27 1937, at  20. Date Of DEATH Concludes 27 1937, at  21. IMEREBY CERTIFY, The Book charge of the remained above, held an above	years.
Sex 5. Color or race divorced history  Birth date of deceased (mo. day, yr.)  Birthplace  Consulty and states  Consulty or business	
MEDICAL CERTIFICATION  3 Social Security Account  No.  1. Sex  5. Color or race divorced history  6 (a) Single married, widowed, or divorced history  6 (b) Name of husband or wite divorced history  6 (b) Name of husband or wite divorced history  7. Birth date of deceased (no. day, yr.)  8. AGE: Years Months Days If less than one day hr. min.  9. Birthplace Crowding of linguists  10. Usual Occupation Hole Operator Pulling  11. Industry or business  12. Name  14. Maiden Name  15. Birthplace  16 (a) Informant Parriary or husband or wite death  17 (a) Informant Parriary of history  18. Birthplace  19. Corolly reclusion  Other Conditions  Under Conditions  Of eperations  Of autopsy  11. Informant Parriary or husband of death  Of autopsy  12. If death was due to external causes, fill in the following day of a Accident, suicide for occurrence and from the end of the remains de above, held an for findings: Of autopsy  17. (a) Reurial Carrier of the remains de above, held an for findings: Of autopsy  18. Address  19. Date thereof 11 2 2 3 9 (b) Date of occurrence and from the end of the remains de above, held an for findings: Of autopsy  19. Date of occurrence and from the end of the remains de above, held an for findings: Of autopsy  19. Date of occurrence and from the end of death  19. Date of occurrence and from the end of death  19. Date of occurrence and from the end of the remains de above, held an for findings: Of autopsy  19. Date of occurrence and from the end of the remains de above, held an for findings: Of autopsy  19. Date of occurrence and from the end of the remains de above, held an for findings and find that said decease (Autopsy or Inquite)  19. Date of occurrence and from the end of the remains de above, held an for finding and find that said decease (Autopsy or Inquite)  20. Date of Date of Date of Occurrence and from the end of the remains de above, held an for finding and find that said decease (Autopsy or Inquite)  19. Date of occurrence and find the find that said decease (Autopsy or Inquite)  20	
No.  No.  No.  Sex 5. Color or race 6 (a) Single married, widowed, or divorced hidow  Who single married, widowed, or divorced hidow  (b) Name of husband or wile for Halive, give age years  (c) Halive, give age years  (d) Halive, held an further in the end of him that said decease dath on the day stated above.  (a) Halive, give age years  (c) Halive, give age years  (d) Halive, give age year	000
21. HEREBY CERTIFY. The throok charge of the remains de above, held an datapay or laquidy thereon and from the end of the said decease of the said	M
above, held an large thereon and from the end of husband or wife the large thereon and from the end of husband or wife the large thereon and from the end of husband or wife the large that the said decease of husband or mine.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Montha Days If less than one day his mine.  9. Birthplace  10. Usual Occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Interment Parnary one of the large that the following the large that was due to external causes, fill in the following that the following the following that the following the following that the following the following that the following the followi	
Due to    Constraint   Constrai	- de ma
Due to    Birthplace   Consumption   Consumption	vidence
Birth date of deceased (mo. day, yr.)  AGE: Years Months Days If less than one day ber. min.  Birthplace Russia  10. Usual Occupation Flow County, and state)  11. Industry or business Russia  12. Name Not known  13. Birthplace Russia  14. Maiden Name Work Known  15. Birthplace Russia  16. (a) Informant Bernard Snydle  16. (a) Informant Bernard Snydle  17. (d) Buriel  18. Date thereof 11- 24- 39  (b) Date thereof 11- 24- 39  (b) Date of occurrence	d came
Birth date of deceased (mo_day, yt.)  8. AGE: Years Montha Days If less than one day bir min  9. Birthplace Russia  10. Usual Occupation Plate Operator  11. Industry or business Russia  12. Name Not Known  13. Birthplace Russia  14. Maiden Name Not Known  15. Birthplace Russia  16. (a) Informant Parnard Snydle  17. (a) Parnard Survalle  18. Address 26 S. /kigh ft  19. Date thereof 11- 25- 39  (b) Date of occurrence  19. Date of occurrence	
Birthplace  Russia  Due to  Due to  Due to  Due to  Convery reclusion  Due to  Due to  Due to  Convery reclusion  Other Conditions  Convery reclusion  Other Conditions  Convery reclusion  Other Conditions  Of operations  Of operations  Of autopsy  22. If death was due to external causes, fill in the following day Accident, suicide, or homicide  Accident, suicide, or homicide  (b) Date of occurrence	
Birthplace  Due to  Due to  Due to  Due to  Due to  Other Conditions  Lindustry or business  Address  Due to  Other Conditions  (Include pregnancy within 2 months of death)  Major findings:  Of operations  Of autopsy  17 (a) Burnard Angular  Days If less than one day  Lindustry or business  Other Conditions  (Include pregnancy within 2 months of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following days of the conditions  Due to  Other Conditions  Of operations  Of autopsy  22. If death was due to external causes, fill in the following days of the conditions  Due to  Due to  Other Conditions  Of operations  Of autopsy  15 death was due to external causes, fill in the following days of the conditions  Of autopsy  Due to	ration
Due to  10. Usual Occupation  11. Industry or business  12. Name  13. Berthplace  14. Maiden Name  15. Berthplace  16. (a) Informant Bernard Angulu  16. (a) Informant Bernard Angulu  17. (a) Burned  18. Date thereof 11 - 24 39  19. Date of occurrence	
Due to  10. Usual Occupation  11. Industry or business  12. Name  13. Burthplace  14. Maiden Name  15. Burthplace  16. Informant Burnary Sneydu  16. Informant Burnary Sneydu  17. Address  18. Burnary Sneydu  19. Date thereof 11- 24- 39  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence	
Due to  10. Usual Occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. Informant Paramy Shrydu  16. Informant Paramy Shrydu  17. Burief  18. Date thereof 11-24-39  18. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence	
11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  15. Birthplace  16. Informant  17. Informant  18. Address  18. Address  19. Address  19. Address  19. Barriad  19.	
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Informant 18. Address 18. J. High 19. Plin 19. Parad 1	
Other Conditions  15. Birthplace Russia  14. Maiden Name Work Known  Major findings: Of operations  Of autopsy  15. Birthplace  Of autopsy  16. Address  16. Address  17. (a) Burial  Date thereof 11- 24- 39  (b) Date of occurrence	
15. Birthplace  14. Maiden Name Wh Known  15. Birthplace  15. Birthplace  16. Informant Parmary onyship  16. Address  17. Burned  18. Date thereof 11- 24- 39  18. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence  19. Date of occurrence	
15 Birthplace  14 Maiden Name Wh Known  15 Birthplace  15 Birthplace  16 (a) Informant Parmard Snyder  17 (a) Burnard Address  18 Date thereof 11 24 39  19 Date thereof 11 24 39  10 Date of occurrence  19 Date of occurrence  10 Date of occurrence	YSICIAN
15. Birthplace  Pursus  Of autopsy  Of autopsy  Of autopsy  22. If death was due to external causes, fill in the following  Address  Date thereof 11-24-39  (b) Date of occurrence	
15. Birthplace  Pursus  Of autopsy  Of autopsy  Of autopsy  22. If death was due to external causes, fill in the following  Address  Date thereof 11-24-39  (b) Date of occurrence	derline the
Of autopsy  Of autopsy  Of autopsy  15 (a) Informant Parmard Onyolic  Address 26 S. / Ligh ft  Date thereof 11 - 24 39  (b) Date of occurrence  (c) Date of occurrence	should b
Address 26 S. Thigh H. 22. If death was due to external causes, and the Address 26 S. Thigh H. 26 39 (a) Accident, suicide, or homicide 110 (month) (day) Real. (b) Date of occurrence	zed statis
Address 26 S. Thigh H. 22. If death was due to external causes, and the Address 26 S. Thigh H. 26 39 (a) Accident, suicide, or homicide 110 (month) (day) Real. (b) Date of occurrence	
17 (a) Burnol Date thereof 11- 25- 39 (b) Date of occurrence	2
Date thereof (m nth) (day) (feat) (h) Date of occurrence	
The state of the s	
Hellen Vewing Curry Where did injury occur? (County) (County)	(State
(City or town) (County)  (d) Did injury occur about home, on farm, industrial place,	
While at work)	
(Specify type of place)	
18 (a) Funeral director fell (b) Property (c) Means of injury, Mark 1011. 16	
Address 1937 6. 120 23. Signature 1 The authorizer	MI
19 Date signed 11/27/29	
Registrar Date signed 11/24	

## CERTIFICATE OF DEATH



	- MANAL PROPERTY OF PROPERTY.	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
) Baltimore City, Maryland	(a) State md. (b) County	
Street address	R L	
) Hospital or institution:	(c) City or town   Carte   City or town limits, write RURAL	and give town)
JOHNS ROPLIDS HOSPITAL	White No 1 4 16 715 estruces	au.
d) Length of stay in hospital or inst. (yrs., mos., or days) 35da	(d) Sucet No. 14 16 Wellwood	
Length of stay in nospital of line. Tyre, most, of days,	(e) If foreign born, how long in U. S. A.)	years
Length of stay in Baltimore (yrs., mos., or days)	17 It foleign both, now long in or sir at	
(a) FULL NAME Jack la Frankle		
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	20
No.	20. DATE OF DEATH MAN. 28 th 1939.	at Q M
Sex   5. Color or race   6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above stated	d; that lattend-
Sex divorced.	ed deceased from Oct 24. 1939. to how	27 1939
nace while	and that I last saw himslive on hour 2 7 19	39.
(b) Name of husband or wife	Anda carificae	Duration
6 (c) If alive, give age years	Immediate cause of death Charles	2 min
Birth date of deceased (mo., day, yr.) July, 20, 25		
. AGE: Years Months Days If less than one day	Due to Corper monale, palmonary	
14 / hr. min.	Due to Cocher Doing	
But have land	Due to Browlingtasis.	
Birthplace Mary (Tywn, county, and gate)	Due to 120 contract trains	
0. Usual Occupation allos	01 6 1:	
1. Industry or business	Other Conditions	PHYSICIAN
12 Name Jacob Frankle	(Include pregnancy within 3 months of death)	
	Major findings:	Underline the
13. Birthplace many land	Of operations	death should be
14. Maiden Name Creaturde Stuckner	Y	charged statis-
15. Birthplace   Russia	Of autopsy .	tically.
00	22. If death was due to external causes, fill in the fol	nowing:
6 (a) Informant JOHKS HOPKINS HOSPITAL	(a) Accident, suicide, or homicide	*** ***
(b) Address 11 - 29-39		** **
(b) Date thereof (month) (year (year	(c) Where did injury occur? (City or town) (Coun	
Muses Frantifail	(d) Did injury occur about home, on farm, industrial	place, in public
(c) Cemetery or crematory	While at worl	k)
Location Attitude to the free free	(Specify type of place)	
8 (a) Funeral director	(e) Means of injury 2 A CALLATA.	
1937 6. Maly N	23. Signature	M. D.
2 (a) 40 1930 (b) 15 per to 1/1/11 may	Address Date sig	med 11-28
Date ter'd by replace) hundren of / Resistrar	Muditos	

		CERTIFICATI		
		entered and the second section of the sectio	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland Street address 2705 Tivoly Ave.		ivoly Ave.	(c) City or town Baltizore (If outside city or town limits, write RURAL	and give town)
t at at area v	n Baltimore	net. (yre., mos., or days)	d) Street No. (If rural give location) (e) If foreign born, how long in U. S. A.)	7
FULL NAME	Elizab	eth Wani	MEDICAL CERTIFICATION	Р.
) If veteran, na		3 (c) Social Security Account	20. DATE OF DEATH November 26 1939	at 8:10M.
Sex 5.0	Color or race	6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above state ed deceased from Set 24 1934, to Mr. and that I last saw here alive on Mr. 26 19	39.
h) Name of hu		6 10 If alive, give age year	Immediate cause of death	4 Rays
Birth date of de AGE: Years 72	Months [	day, yr Feb. 19, 1867  laye If less than one day  hr. mi	a cramism not determed	
Birthplace E 0. Usual Occupa 1. Industry or b	ation usiness	At Home	Other Conditions Amchia tasian the	6400 PHYSICIAN
12. Name C	1.2	Wahl	Major findings:  Of operations	Underline to cause to white death should charged stati
	Name Mag	Germany Treatrick Kerner	Of autopsy  22. If death was due to external causes, fill in the	tically.
16 a Informat	nt	2705 Tivoly AV	e. (a) Accident, suicide, or homicide  (b) Date of occurrence	
17 a Bur   Hurial er	181 emation, or rem ry or cremator	Oak Lawn	(d) Did injury occur about home, on farm, industri	ial place, in pub
Location 18 a Funeral b Addres 19 (a)	director H.	SANDER & SON INC	(e) Means of injuty Q Luck Cher	signed W. 2

## BALTIMORE CITY HEALTH DEPARTMENT

REGERE 3335

F 63335	CERTIFICATE	OF DEATH /	or 49
I. CHANN		2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: altimore City, Maryland		a State Md. B County	-
Hospital or institution:  NA Balto Se	e Horas.	(c) City or town. Baltimore  (c) City or town. Baltimore  (d) Street No. 1323 Slynder  (d) Street No. 1323 Slynder  (d) Street No. 1323 Slynder	Qua.
( the in hospital or inst. y	rs., mos., or days	of Street No. (If rural five beatieth)	year
ength of stay in Baltimore yrs., m	nos., or days)	(c) If foreign born, how long in U. S. A.)	
FULL NAME francey a	wikpalis Com	MEDICAL CERTIFICATION	at/40 P.M
li veteran, name	No. 2/6-07-056 Single, married, widowed, or	20. DATE OF DEATH	that lattend-
divor	morred	ed deceased from Nov 20 1939, to low and that I last saw how alive on Nov 27 19	
Pi	tronula  If alive, give age 50 years		Duration
Birth date of deceased mo, day, y	14	Lift have	
Birthplace Lithurin			
1 a . V	, co nty, and state)	Other Conditions Coroney A.D moded	years .
Industry or business	V .	Other Conditions  The Dilatet Sure Class III3  (melude pregnancy within 3 mouths of death)	PHYSICIAN Underline th
12. Name Unkno 13. Birthplace Lithu	ania	Major findings: Of operations	n se to while death should harged at
14. Maiden Name	win.		tically.
15. Birthplace Julius	Lypetria	22. If death was due to external causes, fill in the formation (a) Accident, suicide, or homicide	
b Address //325	Date thereof 11/36/19	Date of occurrence	inty) (State)
7 (Burisl, cremation, or removal) (C) Cemetery or crematory	Joly Redience Co	(d) Did injury occur about home, on farm, industria	I place, in pub
Location.	& Karinkas &	place? (Specify type of place)	
8 (a) Funeral director (b) Address (c)	andington sond	23. Signature Date of	igned Nov 27
9 (a) NAV 28 10995	the for the gifter	Address	

V8 3

152

## CERTIFICATE OF DEATH

F 63336

Registered No.

	2. USUAL RESIDENCE OF DECEASED:
LACE OF DEATH: Baltimore City, Maryland	a State Maryland b, County
Baltimore City, Maryland Street address	d State
Hospital or institution	(c) City or town Baltimore, Laryland. (It outside city or town limits, write RURAL and give town)
Length of stay in hospital or inst. yrs., mos., or days) 21 day	d Street No. 1220 W. Ostend St
Length of stay in hospital or inst. yrs., mor, or day	If foreign born, how long in U. S. A?
Length of stay in Baltimore yrs., mos., or days 45 years	1
FULL NAME Oliver A. Murphy	y and a second
2 S 1 S Account	MEDICAL CERTIFICATION
Il vetrian, name was	20. DATE OF DEATH November 25, 1939 .at9:00PM
Single married, widowed, or	that lattend
divorced. Harried	11 1 10V 4. 1959 to 1959
hie white har sadie jaddawa	and that I last saw him alive on MOV . 20, 19 00.
h Name of husband or wife 12rs. Sadie iaddaway	Duration Duration
	Tuberculosis, pulmonary, chronic Jean
Birth date of deceased ino., day, yr March 5, 1894	far advanced
AGE: I ware woming	Due to
40 0 00 00	
Buthplace Bal imore, Maryland (Town, county, and state)	Due to
). Usual Occupation Luperhander	
I. Industry or business	Other Conditions
	Include pregnancy within 3 months of death)
12. Name William Lurphy	Major findings:
13 Birthplace Baltimore, Mar land	Of operations death should
14 Maiden Name Elizabeth kloin	tically
14 Maiden Name altimore, Laryland	Of autopsy
15. Birthplace	1 to 22, If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
The state of the s	
(b) Addings Baltimore, Maryland.	(b) Date of occurrence
2 Sukial b Date thereof 1 - 27 3	(County) State
(Burial, cremation, or removal	d Did injury occur about home, on farm, industrial place, in pub
c Cemetery or crematory	While at work?
Location Ballingsore,	(Specify type of plane)
8 (a) Funeral director rederiell of	Means of injury
1200 W Tourhard of	23. Signatural M, D.
h Address Do Co.	11/27
1941 ) x 200 b or to Wilkerine	Address To C. Marine loss opace signedity

### BALTIMORE CITY HEALTH DEPARTMENT



00000	CERTIFICATE OF DEATH /		
633337		2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Saltimore City, Maryland		a State IId . (b) County	
W. Fayette	St.	(c) City or town Baltimore	RAL and give town?
desput or institution	) Hospital	108 S. Catherine	St.
determine hospital or inst.	yrs., mos , or days 62 days	Street No. 108 S. Catherine  If foreign born, how long in U. S. A.?	777 years
ength of stay in Baltimore vrs.	mos., or days 73	e If foreign born, how long in U. S. A.?	10
FULL NAME.	400 summer		
FULL NAM Buybeth Je	3 (e) Social Socialis	MEDICAL CERTIFICATION 20. DATE OF DEATH Now 27 19	39 , at 104 . M
5 Color or race 6 (a	No Single, married, widowed, or	1 .1 Janahove	GAMILE CA. CAMPIC . CA.
dive	orced M	ed deceased from Oct 10 1939. to and that I last saw her alive on 27	
the land of wife the	Octer Schlessingly		
Co.		Chronis glomenloughutes & wem	un
Birth date of decreased mo day.	If less than one day		52
AGE: Years Months Days	hr. min.	Due to	days
Birthplace	Sermony and state	Due to	
н. и.	A. D. C.	Other Conditions Duleto Helpho E	autain
. Industry or business UWII III	ome	Intertroparterio fraction of	PHYSICIA!
12 Name	rbach	Major findings:	Underline t
13 Bulbplace Germa		Of operations	hard at
14. Maiden Name	beth Hilsinger	Of autopsy	tion ly.
15. Biriliplace Germa		22. If death was due to external causes, filh in	the following:
6 Informant 708	at erine St.	(a) Accident, suicide, or homicidel.	9 . 0
h Address	Date thereof 11/30/39	b Date of occurrence  Where did injury occur? 168 36.	Here is State
rial, cremation, or removal)	oudon Park	Dilinium occur about home, on farm, ind	lustrial place, in pu
Cemetery or crematory	erick Sd.	place? (Speed type of place)	at work?
Location 3801 Pres	A. withe	(e) Means of injury Charles Of the	mo
18 a Funeral director	ondson Ave	23. Signature M Callin	M. D.
b Address 4101 -am	matar to Ropistrar	Address Row levus Notul	Obsessigned 11721
19 a Linte rec'd by registrar	Keyistrar	Loward & malder	eleber

VS 3

3695 F 763338

# BALTIMORE CITY HEALTH DEPARTMENT G BRogistered No.

CERTIFICATE OF BETTE		
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
3) Baltimore City, Maryland	(a) State md. (b) County	
Street address	(c) City or town altimore (If outside city or town limits, write RURAL and give town)	
JOHNS ROPKINS BOSPITAL	14 Spectro. 1524. Buntwood Cere	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years	
e) Length of stay in Baltimore (yrs., mos., or days) . 51 das		
(a) FULL NAME I rancis Inles	MEDICAL CERTIFICATION	
(b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DATE	
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattended deceased from 19.34, to Nour 27.19.39	
(b) Name of husband or wife with the boundary of husband or wife with husband or wife with the boundary of husband or wife with husband or w	and that I last saw has alive on has 2-7 19 39.  Immediate cause of death  Duration	
Birth date of deceased (mo., day, yr.)	Peritoritis bays	
AGE: Years Months Days If less than one day hr. min.	Due to Organism Undetermined	
Birthplace Filli Carolina (Town, county, and gute)	Due to	
10. Usual Occupation	Other Conditions Discose	
11. Industry or business	Hypertensive Cardia. Vascular PHYSICIAN	
12. Name Tubin Carrier	Major findings: Do . 2/ Underline th	
13. Birthplace hould farolina	Of operations Peluic abscess — cause to which death should be charged statistical properties of the charged statistics.	
14. Maiden Name many rung	Of autopay tically.	
15. Birthplace	22. If death was due to external causes, fill in the following:	
(b) Address	(a) Accident, suicide, or homicide	
17 (a) Burch (b) Date thereof How 25 9	Date of occurrence.  (b) Where did injury occur?  (Caunty) (State)	
(Burial, cremation, or remove (month) (deg.) (year)	(City or town) (County) (State)  (City or town) (County) (State)  (City or town) (County) (State)	
(c) Cemetery or crematory	While at work?	
Location Welson	(Specify type of place)	
18 (a) Funeral director & Brankleya	(e) Means of injury ogur 19 Jotto	
b) Address ( O O O )  19 (a) y 2 (b)  (Dute rec'd by registror)  Resistant	Address Obns Hopkies Hosp Date signed 11-27.	



	ADVICENCE CONTROL OF THE PROPERTY OF THE PROPE
PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address "I'man Fark Drive and 31st St. c) Hospital or institution:  U. S. Marine Hospital, Baltimore, Md.  d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days e) Length of stay in Baltimore (yrs., mos., or days) Lifetime	2. USUAL RESIDENCE OF DECEASED:  (a) State ary land (b) County  (c) City or town Haltimore, Maryland (Loutside city or town limits, write RURAL and give town)  (d) Street No. 2027 Annapolis Hoad (If rural give location)  (e) If foreign born, how long in U. S. A? years
I G FULL NAME	years and a sound in order to the sound in o
Claude Frinder Hann  (b) If veteran, name war  No.218-07-0436	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 27, 19 39 . a3:00P M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Name of husband or wife Larah Frey	21. I certify that death occurred on the date above stated; that lattended deceased from love 25, 1939, to love 27, 1939, and that I last saw him alive on love 27, 1939.
6 (c) If alive, give age years	Immediate couse of death Cardiac dilatation Since
Birth date of deceased mo., day, yr Oct. 31, 1890  AGE: Years Months Days If less than one day	avri
Birthplace altimore, Maryland (Town, county, and state)  0. Usual Occupation Laborer  1. Industry or business Swidells Glass House	Due to Arteriosclerosis, General Due to Other Conditions
12. Name John Fann	PHYSICIAN
13. Birthplace New Jersey	Major findings: Not operated the destroy of operations the cause to which
14. Maiden Name Bllen Garrison  15. Birthplace New Jersey	Of autopsy  death should be charged statistically.
6 (a) Informant Records-U. S. Marine Hospital, (b) Address Baltimore, Maryland.	(a) Accident, suicide, or homicide
7 (a) Burial (b) Date thereof Nov. 30-193 (Barial cremation, or removal) National Gera  (c) Cemetery or crematory National Gera  Location  (b) Address 1 000 W. North Err.  (b) Address 1 000 W. North Err.  (c) P. 8 1939 Banding for 1 lugues M. Registrar	(d) Did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  Marine Hospital - altimore  Date signed  M. D.  Address

3 | Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	1 State Ma County	
Street address 112 & Mount	Carret	
Hospital or institution:	(c) City or town	write RURAL and give town)
	4 112 8 7	Mar +
Length of stay in hospital or inst. yrs., mos., or di	dy Street No. //2 J	(e location)
		20 years
Length of stay in Baltimore yrs., mos., or days	To it foreign born, now long in C. S. 74.	
(a) FULL NAME OF A BUT MEN	rang h	
b) If veteran, name of 3 c Social Sect		CATION
No.	20. DATE OF DEATH Nov. 36.	19 39 . at 2 30 A.M
Sex   5. Color or race   6 (a) Single married	widowed, or 21. I certify that death occurred on the date	e above stated; that lattend-
I W divorced Wes	lowed ed deceased from July 15, 1936	. 10 Hov. 26 1939.
Tank &	fernaughand that I last saw her alive on N	ov. 26 1939.
(b) Name of husband or wife 6 (c) If alive, give ag		Duration
Birth date of deceased mo., day, yr Mby /	2 18-0 1.	
AGE: Years Months Days If less that	n one day / Chronic Int. Nephrita,	3700
80 6 13 hr	min. Due to	
Page V	4	
Birthplace Loya, county, and stat	Due to	
0. Usual Occupation	At - 1	
1. Industry or busing	Other Conditions	
12. Nama aux Ence Mfc	fly (Include prognancy within 3 months of	death) PHYSICIAN
13. Birthplace _ Prelland	Major findings:	Underline the
9.1	Of operations	cause to which death should be
14. Maiden Nay Margaret go	ar none	charged statis-
15. Birthplace	or Ap Or autopsy	(II)
1 (a) Inform the Chas. Wou	22. If death was due to external causes,	fill in the following:
(b) Addrey 112 / Moun	1 Accident suicide, or homicide	
( 2 . D. 2 1 1) Date thereof 11	- 29-39 (b) Date of occurrence	
(Burial, cremation, or removal) (munt	They or in	
(c) Cemetery or crometory	(d) Did injury occur about borne, on lare	
Location ( Ogetim or s	place? (Specific type (place)	Thile at work?
(a) Funeral director Derge Ge Ve	spling & Means of injury Al	V
10 Address Tuetor un 10	ayell 23. Signature Agnas, 107	ton,
b die	alice M.D. prove & 1/2	Date signed 199/19.
Date red d by regulatrur	Registrar Address YX (V. Lmma)	



	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	a State In ( 1) County Bal	to
Baltimore City, Waryland Al Manuedo	o State	
Street address 2905 The alameda	(c) City or town Ballerion (If outside city or town limits, write RURS	Al and glee town
Hospital or institution:	(If ourside sity of fown innits, which is	
	Street No. 2905 alan	
Length of stay in hospital or inst. (yrs., mos., or days)	land to the land in U.S.A.	years
Length of stay in Baltimore (yrs., mos., or days)	of If foreign born, how long in U.S.A.?	
FULL NAME TOLICANICE IN NO	huan	
A li veteran name war 3 c Social Security Account	MEDICAL CERTIFICATION	2 20
(b) If veteran, name war	20 DATE OF DEATH	9 at a M
Single married, widowed, or	t	sted, that Lattend-
Sex S. Color of the divorced Married		. 20 1700
Male II will of the fire		10 23
A Name of husband or wyoftha Halive, give age year	2 1dista cause of death	Duration,
	as a secondatia	
Bigh date of deceased mo, day, yr March 19187		
AGE: Years Months Day	Days to	
69 8 / hr mir		
Buthplace & balling	Due to	
Birthplace (Town, ceum), and state:		
O. Usual Occupation	Other Conditions	
O. Usual Occupation H. Industry or hysiness On a d /f oliveran		PHYSICIAN
12. Name Conral It ohuman	iliciude pregenner within 3 months of death)	Unitiati
13 Birthplace Gerceany	Major findings:	cause to which
1) Difference		leath hould
14. Maiden Name Henritta Kensley	Of autopay	timily.
2 11 Delenion	22. If death was due to external causes, fill in the	e following:
16 a Informant mo Helda Marchark	22. Il death was due to external de	
Death Manual Ad	(a) Accident, suicide, or homicide	
Address A Day Mon 89 /	(h) Date of occurrence	
17 (a) Burn of b Date thereof (month) (day) (ye	ar) (c) Where did injury occur? (Chy or town)	County) (State
(Burnet )	(d) Ded impressed about home, on tarin, induse	mar place, in part
Cemetery or crematory of arracing	place? (Specify type of place) While nt	wark/
Location / Control		) ic
18 a Funeral director 22	(e) Means of Miles Sine Kal	Atuc
b Address 2008 Colleans St	23. Signatura / Lucy Co.	M. D.
the desired Allegent	Address 2827 N. Calvert Dou	e signed 11/2
19 a) a marketing	Address	/

HEALTH DEPARTMENT-CITY OF BALTIMORE

63342 CERTIFICAT	E OF DEATH F 63342
1. PLACE OF DEATH CITY OF BALTIMORE: (No. So. Balto . Ge	at Pilest and mamper.)
andre (Die	mon da. Www key in U. S. If of foreign birth? yrs. Inon da.  if U. S. Veteran  specify WAR
	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Stage, Married, Widowed, or Diversed (write the ord)	21. DATE OF DEATH (month, day, year fly lay late 25, 1939  22. I HERERY CERTIFY, That I attended deceased from 27
HUSBAND of Mrs. abeth Bill	I last now hear alive on NOV . 25 1939 tireth in mid
5. DATE OF BIRTH (month, day, year) June 6 8 78 7. AGE Years Months Days If LESS than I day, hre-	to have occurred on the date stated above, at Amin.  The principal cause of death and related sources of importance were an follows:
A. Trade, profession, or particular kind of work sone, as apinner.	Stoucks pleasant
9. Industry or business in which work was done, as eith mill, pow mill, benk, etc.  10. Date decreased last worked at this occasion (month and	Other contributory contra of insperture:
12. RIRTHPLACE (city or town)	Ves an operation performed?
11. NAME Nerry Biel	Par what disease or tojery!
14. BIRTHPLACE (et al. 1991) Austria	What test confirmed disgressis?
E 16. HIRTHPLACE (city or worn) - austria	Accident, suicide, or homicide? Date of injury 19
(State or country)  15. INFORMANT Mrs. Elizabeth Fiel	Specify whether injury occurred in industry, in bone, or in public place
(Address) Glesson CO	Manner of Injury
Phone Colowood Date Dec. 15 193	Nature of Indury  24. Was discuss or injury in any way related to occupation of deceased?
19. UNDERTAKER F. Jasoch wow. (Address) 7 40 / Selair P. C.	(Supper) Lawr Berusten M. D.
20. FILMO 28 1000 11 the transfer Williamsen	(Address) So Butto. Find Hong.

### COK BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

23883

63343	PERSONAL PROPERTY H 63343
PLACE OF DEATH:  () Baltimore City, Maryland  () Street address	2. USUAL RESIDENCE OF DECEASED:  (a) State Mary (b) County  (c) City or town (b) evitable city or town limits, write RURAL and give town)
) Hospital or institution: Deltimore Bity Hospitals	d) Street No. (If rural give location)
(1) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
FULL NAME ( Frankenberger	X
b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH / 2 6 1939, at 20094
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattended deceased from 7 1978, to 11/261989, and that I last saw h (4, alive on 11/26 1939.
(b) Name of huaband or wife 6 (c) If alive, give age years	Duration
Birth date of deceased mo., day, yr.  AGE: Years Months Days If less than one day hr. min.  Birthplace (Town, county, and state)  O. Usual Occupation	Due to
12. Name 13. Birthplace 14. Maiden Name	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operation  Nephrotony  Of autopsy  Of autopsy  PHYSICIAN  Underline the cause to which death should be charged statis tically.
16 (a) Informant  (b) Address Plantage Call Hand	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
(Burial cremation or removal)  (Cometery or cremators from the company of the com	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place?  While at work? (Specify type of place)
(b) Address 7401 Below	23. Signature  10 4 2 Ender as Descripted (14/5)
19 (a) (Date rec'd by registrar) Registrar	Address 4940 Godstern de Date signed 11/4/5

## BALTIMORE CITY HEALTH DEPARTMENT

SO325
Registered No.

63344 CERTIFICATE	OF DEATH	3344
MACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County	
Hospital or institution:	(c) City or town Desired City or town limits, write RURA (if outside city or town limits, write RURA)	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)		years
FULL NAME  Chartes Stowers  (3 (c) Social Security Account	MEDICAL CERTIFICATION	9 at 145 P M
Sea   5 Color or race   6 (a) Single, married, widowed, or divorced.  (b) Name of husband or wife   6 (c) If alive, give age   years	21. I certify that death occurred on the date above stated deceased from how. 20 1939, to how and that I last saw how alive on how. 27 I lamediate cause of death  Certified Hemanifes.	ted; that lattend-
Birth date of deceased (mo., day, yr.)  AGE: Yeare Months Days If less than one day hr. min.	Due to	
O. Usual Occupation  1. Industry or business	Other Conditions Hypertensia	PHYSICIAN
12. Name John Stemant  13. Birthplace Ya.	(tactude pregnancy within 3 months of death)  Major findings:  Of operations	Underline to cause to which death should charged stat
14. Maiden Name Annie 7	Of autopsy hat done.  22. If death was due to external causes, fill in the	tically.
(b) Address (b) Date thereof // 30 /3:	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	County) (State
Cemetery or crematory mt Colvary  Location D. 4 Burketti	(d) Did injury occur about home, on farm, industrial place?  While at the place?  (Specify type of place)	work?
b) Address 2 8 Laurent St. 19 (a) (Date rec'd by registrar)	23. Signature Address State City Hong Date	M. D.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
n) Baltimore City, Maryland	(a) State Md. (b) County Balto.	
Street address 1514 E. Buddle St	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
e) Hospital or institution:	(c) City or town Sallmore (If outside city or town limits, write RURA)	L and give town!
	Strea No. 1514 E. Beddle St	
d Length of stay in hospital or inst. yrs., mos., or days	Street No. 13 17 (2. If rural give location)	
0 >	e) If foreign born, how long in U. S. A.?	Veare/
Length of stay in Baltimore yrs., mos., or days	e it totelgn born, now long in C. S. A.	7
10 FULL NAME Bersil alsenin Hu	t	
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	,0
No.	20. DATE OF DEATH WOV. 25 1939	, at 1 0. M
. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
F Col divorced. Sende	ed deceased from oct 5 1939, to hund	25 1939.
A. M. A. Landaude	and that I last saw h La alive on 11 25 19	59 .
(b) Name of husband or wife  6 (c) If alive, give age years	Immediate cause of death	Duration
Birth date of deceased (mo., day, yr.) May 10, 1927		
AGE: Years Months Days If less than one day	whom i neumonia	11/20-25
12 6 15 hr. min.	Due to	,
n 1	Tracher - Bunchitis	10/5-20
Birthplace Town, county, and state)	Due to	-
0. Usual Occupation		-
11. Industry or business	Other Conditions Toxemia	
12 Non Landon Hunt.	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Laylon Lout	Major findings:	tinderline the
13. Birthplace Va.	Of operations	cause to which
14. Maiden Name Wettre Wilson		death should be charged statis-
15. Birthplace ) a.	Of autopsy	tically.
16 (a) Informant Wetter & ent	22. If death was due to external causes, fill in the fo	llowing:
(b) Address 1514 & Biddle St.	(a) Accident, suicide, or homicide	
Br 90 miss	(b) Date of occurrence	-
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cour	nty) (State)
(c) Cemetery or crematory III. Cally by con.	(d) Did injury occur about home, on farm, industrial	place, in public
Location	place) While at wor	
m. 211 511 516 1 100 1	(Specify type of place)	1
18 a Funeral director // W. C.	23. Signature Calvin B. Le Comp	a
(b) Address L. ay 11. and use it	23. Signature Calvin 19. Ne Carry	M. D.
19 (d) Il so he (b) and works a liber great to the Reputerur	Address 1113 h Caroline of Date sig	med "12/137

## HEALTH DEPARTMENT—CITY OF BALTIMORE

	A II 00040
CERTIFICA	ATE OF DEATH / 0 6 F 63346
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 763 1/2, 6 a.	Registered No
	I ship own Tribe
learth of resionce in city or town where death occurred yes	mon, da, How long in U. S. H of fureign high? yra. 1000. d.
2. FULL NAME Clarence . E	Of Ey operity WAR
(a) Residence: No. 403 h. Carlo	M St., Ward. (If not resident the city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 2
SEX 1. Color or Race 5. Single, Married, Widow or Diversed (write the wor	ru)   attended decembed from
mall lolone Hidner	- nor 16 39 whom. 26 109
RISBAND of aller Charles	I last new hare alive on 25, 109. Death is said to have occurred on the date stated above, at 5 2m.
BATE OF BIRTH (month, day, year) 4 / 189.	The principal cause of death and related causes of
AGE Years Mention 1 day, h	Importance were as follows:
> Trude profession, or particular	The med war
kind of work done, as minuted as year, bookkeeper, c	1 anticated Inmouning
9. Industry or business in which work was done, as silk mill, and mill, bank, etc.	Other contributory causes of insportant of the B
16. Date deceased last worked this excupation (morth the vent)	Woolma & Factions
12. BIRTHPLACE (elty or town)	Date of
(State or country)	For what discuss or injury?
12. NAME (City or town)	What test confirmed diagnosis
State or country)	23. If death was due to external causes (violence) an in many
15. MAIDEN NAME Police Polos	Accident, suicide, or homicide? Date of injury 19.
E 16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publ
11 INTORMANT Marceda garage	
Address 1007 A TOTAL	Manner of Injury
Orbutus Men. OL. Date 70. 29	Nature of injury in any way related to occupation of deceases
mes Horse of Lolla	1 24. Was disease or injury in any way related to occurrent of
19. ENDERTAKER 16 3/Devid of ill ave	(Signed) M. M.
20 KB PD 20 12 to to Vollance	(Address 1600 18. 1998) Co
TO KILL	

## CERTIFICATE OF DEATH / 22 - B Regist Pd 153347

CERTIFICA		
OF OR REATH	2. USUAL RESIDENCE OF DECEASED:	174,28
PLACE OF DEATH:  Baltimore City, Maryland	(a) State With (b) County	
Street address 100 N, Collins Fret	Roth	
Street address	(c) City or town Saltina RURAL	and give town
Hospital or institution	1 131 - d F. Lat a	we.
Hospital or institution Hopelan Square Hopelan 21day	all School No. 1360 N. French a	
leach of etay in hospital or inst. yrs. mos, or days	P-12	yenfo
Length of stay in Baltimore (yrs., mos., or days)		
FULL NAME Hose Walker	MEDICAL CERTIFICATION	بالا
M If veteran, name war	20 DATE OF DEATH LOV- 26th 1989	at 10 P. M
1 andowed	as a language shove states	d; that lattend-
Sex Solor or race 6 (a) Single, married, widowed.	11 and from 11 - 6 - 39 19 . 10	1907.
male Block	and that I last saw handlive on 11-26- 19	39 .
b Name of husband or wife	( )	Duration
6 c It alive, give age	Bronce o - preumono -	2 days
Birth date of deceased mo, day, yr & 1910	The Wash	
AGE: Years Months Days If less than one day	Due to Intestina obstruction	2 days
100	Due to Wilson	
No 29		
Birthplace V Carro (I win, county, and state)	Due Peri- Partal When	14-dap
10. Usual Occupation		
11 Industry or business Con truct con Links	Other Conditions	PHYSICIAN
)	In lude pregnancy within 3 months of death	
12. Name		Underline the
13 Birthplace Ua.	of marking letter little with	
14. Maiden Name Rule ?	Intestinal obstruction 11-23-39	
m // A	Of autopsy	tically.
15. Birthplace Va. L. walker	22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant Mary I walker are	(a) Accident, suicide, or homicide	
Address /OA/	h Date of occurrence	
Date thereof Pres. 30	Where did injury occur?	inty) (State)
The market of the party of the	Did injury occur about home, on farm, industria	l place, in publ
Cemetery or crematory amburg, Va -	While at wo	ork?
Middleson a.	place? (Specify type of place)	
My Linge G. Rolland	Means of injury	
18 a Funeral director of It ill are	23. Signature Within W	h. D.
Address 16.36 Denis to Vallenille.	ME FOUND Son Hope Dade	igned 4 27
19 horatory to 1 Politalities	Address B	1 1
Date re d hs registrat		

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

131

50327 Registe A NGC 348.

. PLACE OF DEATH:	Acquired Collaboration and Collaboration Services and Collaboration Service	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland		(a) State Mary and (b) County	
b) Street address Boat and c) Hospital or institution:		(c) City or town Rolti, re (If outside city or town limits, write RUR.	AL and give town)
Reltimore City Hos	pitals	M Street No. 125. Arch St. (If rural give location	
d Length of stay in hospital or	inst. (yrs., mos., or days)	elf rural give location	)
		(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME	Walker		
b) If veteran, name war	3 (c) Social Security Account No.	20. DATE OF DEATH Worlder 23 1934	7 . at 11 - AM
Sex 5. Color or race  Male Colored	6 (a) Single, married, widowed, or divorced. Widowed	21. I certify that death occurred on the date above stated deceased from how 20 19.39, to how	J. 23 19 19
b Name of husband or wife	Unknown	and that I last saw h we alive on how 25	19 37 .
) () Name of Hundand of Wife	6 c If alive, give age years	Immediate cause of death	Duration
Birth date of deceased mo.,	day, yr.) Aug. 25, 1881	arterio las nephro soleum	withour.
	lf less than one day		
58 2	28 hr. min.	Due to	
,	N.C. Town, county, and state)	Due to	
10. Usual Occupation 11. Industry or business.	orer	Other Conditions Hyperturns	whener.
12. Name Jim Walke	er	(Include pregnancy within 3 months of death)	PHYSICIAN
		Major findings:	Underline the
13 Birthplace	%.C.	Of operations	death should be
14. Maiden Name Doll	a Poss	Of autopey not done.	charged statis-
15. Buthplace	N.8.		tically.
16 (a Informant Pagomds		22. If death was due to external causes, fill in the	following:
	ore City Hospitals	(a) Accident, suicide, or homicide	
17 (a)	b Date thereof	(b) Date of occurrence (c) Where did injury occur?	•••
(Burial, cremation, or remov	al) (month) (day) (year)	(City or town)	ounty) (State)
Cemetery or crematory	MEN SENOU NOV 9 1 1939	(d) Did injury occur about home, on farm, industri	ork?
Location	TOV ~	place? (Specify type of place)	
18 a Funeral director	IIII PAINTEL OF FLORES	(e) Means of injury	
(b) Address	Per H. A. Mogre	23. Signature	M. D.
19 (a) (b),	to the Hill make it	Address Sallo City Horp. Date :	igned // - 28 - 39
(Date me'd by regular)	Andrew William		

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. F 63349

63349		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland Street address 27/2 Woods	of all a State Md (b) County	
Street address 27/2 Moods	City or town Bacte.	At and give firefil
Hospital or institution.	City or town Occur. If out ide city or town limits, write RUR.	0.
	Street No. 27/2 Woodschale	17
Length of stay in hospital or inst. (yrs., mos., of	r daye)  (c) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days		
(a) FULL NAME & rederick	Mecklenburg MEDICAL CERTIFICATION	
b) If veteran, name war No.	Security Account	9, at M
Sex 5. Color or race 6 a Single, mandivorced.	ried, widowed, or 21. I certify that death, occurred on the date above strange and ed deceased from the visit of 1939, to	-717 1.
h Name of husband or wife Frederick	13-16	Duration
. Birth date of deceased mo., day, yr.) //-/		Landon
AGE: Years Months Days If less	than one day	
AGE: I Paris	r. min. Due to.	
Birthplace (Toya), county and	Due to	
O. Usual Occupation Returned	Other Conditions General anter	~
11 1- learn or husiness		PHYSICIAN
12 Name John Mucklen	Major findings:	Underline th
13 Birthplace	Of operations	n se to which like the like th
2	Low	tienly
14. Maiden Name	Of autopsy	
16 a Informant Martha Sel	22. If death was due to external causes, fill in the	
16 Informant / action of all	2 Care (a) Accident, suicide, or homicide	
Bornal b Date thereof	11-29-37	(County) (State)
17 a Date merco.	(month) (day) (year) (c) Where did injury occur about home, on farm, indus	
Cemetery or crematory	While at	work?
Location -	place? (Specify type of place)	740
18 a Funeral director seonard	(e) Means of injury	w
1 Address 5 305 HAVE.	23. Signature	M.D.
19 At Chate recd by regitrari	Registrar Address 4 706 (4 Dat	te signed // year



Registered No. 3350

60000	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
	(a) State Mary land (b) County	
Baltimore City, Maryland  Street address Sydenham Hospital  Hospital or institution:  Hospital or institution:	(c) City or town Balling (If cotted city or town limits, write RURAL)	1
Street address	City or town of city or town limit, write RURAL r	and g v town)
Hospital or institution.	DAY AL THE LOOP	le St
Daning Re de Route	Id Street No. 405 Now was	
d Length of tay in hospital or inst. (yrs., mos., or days) Yolays	1	year
Length of stay in Baltimore (yrs., mos., or days Swintles)	(e) If foreign born, how long in U. S. A.?	- 1
Length of stay in Datamer	IC V	
FULL NAME LEROY PINN	MEDICAL CERTIFICATION	
2 - Security Account	MEDICAL CERTIFICATION	9 25
3 b) If veteran, name war	20. DATE OF DEATH November 27 1939.	at A.W.
Single married, widowed, or	1 .1 . lare above stated	ithat lattenda
a A divorced.	1 Nov. 1 1 100 37 10 NOV . 9	2 17 3 1.
M Colour same	and that I last saw him alive on Nov. 27 19	34.
6 b Name of husband or wife		Datation
O II with Electric	Immediate cause of death Tuler culous Meningitis	7 days,
7. Birth date of deceased mo, day, yr. March 10,1939		
8 AGE: Years Months Days	Due to Tuberde Bacilles	
0 8 17 hr min.	Due to 1220	
9. Birthplace Bal Ti'more, Mrd.	Due to	-
9. Birthplace (Town, count) and tate		1 00 11
10. Usual Occupation	Other Conditions Pulmonary Tubercularis	2 mareles
11. Industry or business	Mark Total Control of the Control of	PHYSICIAN
12. Name Joseph Pinnick	claciade pregnancy within 3 menths of death;	Underline the
12. Name 5000 Va.	Major findings:	a see to lich
13 Pirthplace Farmville, Va.	Of operations	harp deat -
14. Maiden Name Joanna Williams	Nowane tot done	tically.
E NINO N.C.	Of autopsy	ollowing:
16 (a) Informant Mother = Soanna Pinne	ide 22. If death was due to external causes, fill in the fo	
16 d Informant 905 No. Wolfe St. But	(a) Accident, suicide, or homicide	
b) Address 90 > 100, North 11/26/13	(b) Date of occurrence	
h Date thereof (month) (day) (year	(City or town) (Con	nty) State
(Burial, cremation, or removal)	di Did injury occur about home, on farm, industrial	place, in public
Cemetery or crematory TM Course	While at wo	rk?
Location Galo	(Specify type of prace)	
18 in Funeral director Lattre Drive	(e) Means of my	2
Illa Illa Mana Wit	23. Signature Lines	M., D.
b) Address 170	Al Adam hollen an dospital Date of	gned 11/ B
19 a Date rec d by registrar) Registrar	N Madress &	///

370652

63351 CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State. MD (b) County	
Street address	(c) City or town Baltimore (If outside city or town limits, write RURAL	and give town)
Hospital or institution:	d) Sucer No. 2.714 E Jeffers (If rural give location)	<b>N</b>
Length of stay in hospital or inst. (yrs., mos., or days) I	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		
a) FULL NAME HAZEI FREEMAN	MEDICAL CERTIFICATION	P
b) If veteran, name war  No.215-07-8715	- DATE OF DEATH NOV 27 19.39	7. at 1030 M
( ) e: 1 reied widowed, of		
Det . Color	1 1/c 7 7 19 3 4 to / W	
MAIC	and that I last saw he R alive on Nov 271	
(b) Name of husband or wife 6 (c) If alive, give age years		Daration
	Uremia	
Birth date of deceased (mo., day, yr.) 8-21-02	- A VIII - A	
AGE: Years Months Days Il less than one day	Due to a tistar Repulsation	
Birthplace (Town, county, and state)	Due to Malignant Hypertauson	
0. Usual Occupation No.N.C	Other Conditions	
11. Industry or business	(Include prognancy within 3 months of death)	PHYSICIAN
12. Name RICHARD FREEMAN	Major findings:	Underline th
13. Birthplace MD	Of operations	death should be
13. Birthplace  14. Maiden Name MARGARET HORNEY	Of autopsy Constructed Synullar Ridge	test tically.
2 16 Dischalers /VID	22. If death was due to external causes, fill in the	following:
16 (a) Informant Records	(a) Aecident, suicide, or homicide	
(b) Address	(b) Date of occurrence	
17 (a) Buriel (b) Date thereof 11/30/3	Where did injury occur?	ounty) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industri	vork)
(c) Cemetery or crematory Saltr. md.	place? (Specify type of place)	
Location  18 (a) Funeral director & Le Many of Marie 17.	(e) Means of injury	0-00-00-00-00-00-00-00-00-00-00-00-00-0
(b) Address 46/1 Part Shights.	23. Signature	M. D.
19 (a) (b) Huntington Miliania	Address Johns Hophus Horfstonte	signed/ X ( ~
(Date red by regular)		

F 63352

### BALTIMORE CITY HEALTH DEPARTMENT

Registred 163352 CERTIFICATE OF DEATH

0000~	CERTIFICATE		1
and the second s		. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	/	a State Sulto b) County	
Baltimore City, Maryland	my		
Sevent address	1510 G. Pan A	c) City of own (If outside city or town limits write RUR!	L and give town
Hospital opinstrution:	and i	2506 Jalles	
Length of stay in hospital or inst. yrs., 1	peras yela	egeet No.	
Length of stay in hospital or inst. yts., I	nos, or days	e If foreign born, how long in U. S. A.?	year
		(a) It lovely.	
FULL NAME / . ( ) AND AL	K Venerable	MEDICAL CERTIFICATION	0
2 0	Social Security Account	1/- 5/- 103	9. at 12:45 M
No.		20. DATE OF DEATH // - 26 - 193	ated: that lattend-
Sex   5. Color or race   6.(a) Sing	le. married, widowed, or	20. DATE OF DEATH // 21. I certify that death occurred on the date above str	Wr26 1939.
Sex S. Color of face divorced.	married	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1 / // // // //	y Venerall	and that last saw halive on /1	Duration
b) Name of husband aratte	ive give age - years	Immedite cause of distance	1/2 da
day yell	7-10-1902	Palumon	1/ ~
Birth date of deceased mo., day, yr	If less than one day	Craf = Tylataben+	
AGE: Years Months Days	hr. min.	Duoto ardiac bilatation	the
31 Oliver Atte		Sulland 9 hall	1
	its, and state! no	Due to	- 1
10 muse	tec All	Other Conditions That, Einst	rath
0. Usual Occupation			PHYSICIAN
1. Industry or business	dalo	In 1'de pregnancy within 3 months of death,	Underline the
12. Nama Paron Bark	a constant	Major findings:	in ise to which
13. Birthplace //a		Of operations	teath should be
	Vgooter		tically
14 Maiden Name Chart		Of autopay	he following:
15, Birthplace	C	22. If death was due to external causes, fill in the	
16 (a) Informant feller	and I	(a) Accident, suicide, or homicide	
(b) Address 2500 -	1/20/05	(b) Date of occurrence	
	thereof //- 30-/75	(c) Where did injury occur?	(County) (State)
(Buria, cremation, or removal)	I aulurn	(d) Did injury occur about home, on farm, indu	work)
(c) Cemetery or crematory		place? (Specify type of place)	
Location Manufally	a Singles	(6) Means of injury 1774 R	W.
18 (a) Funeral director & SERIA	Ly Till	23 Signature	The D.
b Address 4099 NIOUS	il siccept i	J. Jeling D.	ite signed / 2)
19 0) U - S . Whomether	y ton frollia kiskethe	Address 13/2 ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	1 12
There you day regimerati	11		

83352

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 34 Registered No. F 63353

Street address Hospital or institution  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  MEDICAL CERTIFICATION  Sex  S. Color or race  MEDICAL CERTIFICATION  1939, at  No.  20. DATE OF DEATH No. 27  1939, at  21. I certify that death occurred on the date above stated; the divorced.  MEDICAL CERTIFICATION  1939, at  21. I certify that death occurred on the date above stated; the divorced.  MEDICAL CERTIFICATION  1939, at  10. Name of husband or wife  10. Single, married, widowed, or divorced.  11. I certify that death occurred on the date above stated; the dedeceased from No. 26 1939, to No. 27  1939  11. I certify that death occurred on the date above stated; the dedeceased from No. 26 1939, to No. 27  1939  11. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  11. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  11. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  11. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 27  1939  12. I certify that death occurred on the date above stated; the dedeceased from No. 29  12. I certify that death occurred on the date above stated; the dedeceased from No. 29  12. I	
Street address Hospital or institution  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  ACE: Years Months Days If less than one day  Length of stay in hospital or inst. (yrs., mos., or days)  (c) City or town  (d) Street Do.  (e) If outside city or town limit, write RURAL and street Do.  (e) If outside city or town limit, write RURAL and street Do.  (f) If outside city or town limit, write RURAL and street Do.  (f) If outside city or town limit, write RURAL and street Do.  (e) If oreign born, how long in U. S. A.?  MEDICAL CERTIFICATION  20. DATE OF DEATH Mov. 2.7  1939, at Move and that I last saw head alive on Mov. 2.7  1939, at Move and that I last saw head alive on Mov. 2.7  1939  Length of stay in hospital or inst. (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.?  MEDICAL CERTIFICATION  20. DATE OF DEATH Mov. 2.7  21. I certify that death occurred on the date above stated; the deceased from Mov. 2.6  22. I certify that death occurred on the date above stated; the deceased from Mov. 2.6  23. I certify that death occurred on the date above stated; the deceased from Mov. 2.6  24. I certify that death occurred on the date above stated; the deceased from Mov. 2.6  25. Color or race of deceased from Mov. 2.7  26. I garden deceased from Mov. 2.7  27. I garden deceased from Mov. 2.7  28. Immediate cause of death  MEDICAL CERTIFICATION  29. DATE OF DEATH Mov. 2.7  20. DATE OF DEATH Mov. 2.7  20. DATE OF DEATH Mov. 2.7  21. I certify that death occurred on the date above stated; the deceased from Mov. 2.7  27. I garden deceased from Mov. 2.7  28. Immediate cause of death  MEDICAL CERTIFICATION  29. DATE OF DEATH Mov. 2.7  20. DATE OF DEATH Mov. 2.7  20. DATE OF DEATH Mov. 2.7  21. I certify that death occurred on the date above stated; the deceased from Mov. 2.7  27. I garden deceased from Mov. 2.7  28. DATE OF DEATH Mov. 2.7	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  A FULL NAME Bush Mashington  Sx Social Security Account No.  Sx Social Security Account divorced.  Sx Social Security Account No.  Sx Social Security Account No.  Sx Social Security Account divorced.  Sx Social Security Account No.  Sx Social Security Account No.  Sx Social Security Account divorced.  Sx Social Security Account No.  Sx Social Security Account divorced.  Sx Social Security Account No.  Sx Social Security Account divorced.  Sx Social Security Account No.  Sx Social Security Account No.  Sx Social Security Account divorced on the date above stated; the deceased from No. 2 (e.) If alive on No.  Sx Street So.  If rural give location)  MEDICAL CERTIFICATION  29. DATE OF DEATH No. 27  1939, at/  21. I certify that death occurred on the date above stated; the deceased from No. 2 (e.) If alive location or day in the foreign born, how long in U. S. A.?  In the foreign born, how long in U. S. A.?  1939, at/  20. DATE OF DEATH No. 27  21. I certify that death occurred on the date above stated; the deceased from No. 2 (e.) If alive location or day in the foreign born, how long in U. S. A.?	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Appendix Busic Washington  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH MN - 27  1939, at Marked Busic Busic No.  See 5. Color or race divorced.  MEDICAL CERTIFICATION  20. DATE OF DEATH MN - 27  1939, at Marked State of deceased from MN - 26  1939, to MN - 27  1939  and that I last saw has alive on MN - 27  1939  Immediate cause of death  MEDICAL CERTIFICATION  1939, at Marked State of Death MN - 27  1939, at Marked State of Death MN - 27  1939  193	five town.
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  1939, at a second seco	year
b) If veteran, name war  No.  Sex  5. Color or race divorced.  6 (a) Single, married, widowed, or divorced.  21. I certify that death occurred on the date above stated; the ed deceased from MN-26 1939, to MN-27 and that I last saw here alive on MN-27 1939  (b) Name of husband or wife  6 (c) If alive, give age years  Birth date of deceased (mo, day, yr.) 9-24-39  AGE: Years Months Days If less than one day  Due to	
5. Color or race divorced.  5. Color or race divorced.  6 (a) Single, married, widowed, or divorced.  21. I certify that death occurred on the date above stated, the divorced.  21. I certify that death occurred on the date above stated, the divorced.  22. I certify that death occurred on the date above stated, the divorced.  23. I certify that death occurred on the date above stated, the divorced.  24. I certify that death occurred on the date above stated, the divorced.  25. Color or race divorced.  26. (a) Single, married, widowed, or divorced.  27. I certify that death occurred on the date above stated, the divorced.  28. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the divorced.  29. I certify that death occurred on the date above stated, the death occurred on the date above stated, the	
Birth date of deceased (mo., day, yr.) 9-24-39  AGE: Years Months Days If less than one day  Due to	
Mor.	Duration
O. Ueual Occupation  Other Conditions	
11. Industry or business	PHYSICIAN
12. Name Major findings:  13. Birthplace Mod— Of operations	ause to which ath hould be harged stati
14. Maiden Name Harlins Washington Of autopsy Meningities, Og philis 11	ically
16 (a) Informant Records (a) Accident, suicide, or homicide	
(b) Date thereof how 29/937 (c) Where did injury occur? (City or town) (County (month) (day) (year)	State
place? (Specify type of place)	
Location  18 (a) Funeral director  (b) Address  (c) Means of injury  (d) Means of injury  (e) Means of injury  (f) Address  (g) Means of injury  (g) Address  (h) Address  (h) Address  (h) Date signs	M. D.
(b) Address O conce Date signe Address the Hopking to Date signe	'd/1.19

### E 63354

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

63354	ERTIFICATE OF DESTRICT
	2. USUAL RESIDENCE OF DECEASED:
ACE OF DEATH: Baltimore City, Maryland 2140 Nt Holly	(a) State Md. (b) County
Street address 2140 Nt HOLLY. Hospital or institution:	(c) City or town Balti more (If outside city or town limits, write RURAL and give town) (If Street No.2140 Mt Holly St. (If rural give location)
Length of stay in hospital or inst. (yrs., mos., Length of stay in Baltimore (yrs., mos., or da	or days)
FULL NAME Thomas	Harvey, MEDICAL CERTIFICATION
of lf veteran, name war No.212-	16-8368 20. DATE OF DEATH NUV 28 193919 at M
Sex 5. Color or race 6 (a) Single, midivorced Marx	ed deceased from Safe 16 1939. to New 28 1939.
h Name of husband or wife Annie I	give age 75 years   Immediate cause of death . 4.1 Commed Arthura 2 weeks
Birth date of deceased mo., day, yr.Octol  AGE: Years   Months   Days   If le	hr. min. Due to Lubersaulous of Lucy.
Birthplace Baltimore City (Town, county, and). Usual Occupation Machinist	
1 1- Justine or husiness NOOS VOID	PHTSICIAN PHTSICIAN
12. Name John H. Harvey.  13. Birthplace Baltimore M	Major findings: Of operations  Major findings:  cause to whice death should b
14. Maiden Name Margaret Wh	iltenill.
15. Birthplace Newburg N.Y.  16 a Informant Mrs Annie N F	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
(b) Address 2140 Mt HOLLY S	Where did injury occur? (County) (State)
Burial, cremation, or Green	mount (d) Did injury occur about home, on farm, industrial place, in purb
Location Baltimore	(Specify type of poor
b) Address 2700 Edmondson	AVE.  23. Signature Aribert 2. 3 epp  23. Signature Aribert 2. 3 epp  Registrar  Registrar  Address 3048 M. North Ar Date signed 11/25/8

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Ho CRegistered No.

63333	CERTIFICATION	p tio	17.70
		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		(a) State Mp (b) County	
Baltimore City, Maryland		a) State / / P	12 12
) Street address		(c) City or town BALTIMORE (If outside city or town limits, write RURAL	and give town)
Hospital or institution:	COPEINS HOSPITAL	Street No. 3026 RAYNOR	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Street No. 30 2 (If rural give location)	
d Length of stay in hospital or inst. (	yre., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
(yrs., r	mos., or days)	(e) If foreign born, now tong to	
FIORA	HitcHeNS 3 (c) Social Security Account	MEDICAL CERTIFICATION	
(9) If Acteurs, manner 1 and		20. DATE OF DEATH NOV 27 1939	. at 4 30 M
16/2	No. Single, married, widowed, or	1 the date above state	ed: (UMI I attenda.
divos	rced. M. a a a le D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Female WHITE	MARRIED	and that I last saw he R alive on 1107 L	39.
(b) Name of husband or wife	If alive, give age 7 years	In the send death Generalized	Dateine
6 (6)	177167		2 days
7. Birth date of deceased (mo., day, y	less than one day	accelem of contino	about
8. ACE: Yeara Months Days			
63 1 1 1	M1.	and to end anactomosis	1
9. Birthplace	n, county, and state)	Due to	
10. Usual Occupation	VONE	Other Conditions anterior Clarons	
	V	consider andersone	PHYSICIAN
11. Industry of business  12. Name FRANK C	HATHAM	(Include pregnancy within a month	Underline the
12. Name	Mp	Major findings: Caremona 7	cause to which
13. Birthplace  14. Maiden Name Emily	Campbell		death should be
14. Maiden Name EMILY	CAMPOCIT	Of autopsy Generalized pentorists	tically.
15. Birthplace	L	22. If death was due to external causes, fill in the	following:
16 (a) Informant Records	PKINS HOSPITAL	(a) Accident, suicide, or homicide	
(b) Address	11.50	(b) Date of occurrence	
Barrell (b)	Date thereof	(c) Where did injury occur?	ounty) (State)
(Burial, cremation, or removal)	(month) (day) ()	(d) Did injury occur about home, on farm, industri	al place, in publi
(c) Cemetery or crematory	the close that	While at w	ork?
Lication /2	mary live	(Specify type of prace)	
18 (a) Funeral director	o m Julia	(e) Means of injury Monroe Man	con TIL US
1) Address 2700 Eds	noudson He	23. Signature Mills And hital	
6) 70010	Registrar	Address Baus Hoppine Hoppine	aigned
(a) Date rec'd by registrar	O BORINGE		

### 63356

VS 8

# META Ade BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

F 63356

Dono	2. USUAL RESIDENCE OF DECEASED:	1
PLACE OF DEATH:		
	a State Med County	
Street addiese Soch roven and Beliebe	City or Own Sallewar Write RURAL	and give town
Hospital or mentution:	To Carlo Pa	od
1 1	(If rural size location)	
Length of stay in hospital or inst. (yrs., mos., or days)	AT (e) It foreign born, how long in U. S. A.? Z. S.	years
Length of stay in Baltimore (yrs mos, or days) 2.5 Jacon	(i) it foreign both, the same	
(a) FUIL NAME 1 - I deldes #		2 47
Julis unit Account	nt MEDICAL CERTIFICATION	130/0
Il Veterab, hame was	20. DATE OF DEATH wewber 27 1939	, at M
No. 5 Color or tace (1/4) Single, married, widowed,	or a success CERTHY That look charge of the rer	nains described
divorced at	above, held an Jugues thereon and fro	m the evidence
te wa surred of	(Autory or Indian)	A
16) Name of husbard or wite Herbert guclella	obtained by said (Autopes or Inquiry)	deceased came
( c) If alive, give age & Q yes	to Accienth on the day stated above	
Birth date of deceased (mo, day, yr) Jan 4 1900	Immediate cause of death	Duration
AGE: Years Months Days Off less than one day		
	Cryshung enjery to	
o and	Due to face and poblet	-
9. Birthplace Strong and states	1746 10 4	
10. Usual Occupation Housewiff	Due to	
11. Industry or business		-
	Other Conditions	
12 Name Drof / Cot		PHYSICIAN
13. Birthplace	(Include pregnary within 3 months of death)	Underline th
H 14 Maiden Name Sot Known	Major findings: Of operations	cause to which
15. Birthplace		death should be
11 hours Alleron	Of autopsy	tically
16 (a) Informance Contract of	1 22 16 doubt was due to external causes fill in the	following
1) Address 37/8 Finalist Roc		w
Bural Date thereof 11-36-	year) (b) Date of occurrence // 27/19	1 1
(m nth) (day)	Where did injury occur?	ounty) (State)
Cemetery or crematory Loudon 1 wife	to (d) Did injury occur about home, on farm, industri	al place, in public
Location Baltimore W	While at w	ork? No
C. Wittle	places places places	collesian
18 a Funeral director	(e) Means of injury frame Land of the fit	M.D.
h) Address L J D & amonas to	Medical Exam	
19 (a Registra	Date signed ///37/59	-
Date to day registrar		



2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (c) City of fown (c) City of fown	e
C' - American	
(c) City or town (If outside city or town limits, write RURAL	and kive
Street No. 11 rural give location)	
	years
If foreign born, how long in U. S. A.?	
- TON	
MEDICAL CERTIFICATION	1 112
november 28 190	at M
20. DATE OF DEATH	-dishat lattend-
1 1 Lenon 11 2 17 27 . 10	
ed december alive on 11 28	939.
and that I last saw il	Duration
Immediate cause of death	Iwik
heart Joiline	
	1
a tenorele contro -	12 Lane
1. Due to Co	
Variant as	
Due to	
	1939
Other Conditions Dem gr program	
Engel hogel	PHYSICIAN
italide pregnancy de hin synerth	Underline the
Major findings:	cause to which
Of operations	beath should be
	charged statis
Of autoney	tically
- Lange and causes, fill in the	following:
22. If death was due to external	
(a) Accident, suicide, or homicide	
- I was a second and a second a	
JYI did mury occur?	County) (State)
ear)	rial place, in pub
d Did injury occur about home, on faith,	work?
W III	
(Specify type of place)	0
Means of injury 0 70.	se h.
23 Signature to Sept M. Jane	XIII WIT
1 I day to 1 Day	e nigned !! 28 .
Address university 110	
- Control Cont	
	MEDICAL CERTIFICATION  20. DATE OF DEATH November 28 1920  21. I certify that death occurred on the date above state ed deceased from 1124 1921, to 112 and that I last saw him alive on 1128 Immediate cause of death Saulure  Due to Orthogonal death Conditions Bright Conditions Bright Major findings:  Other Conditions Bright White Synorths of death Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide  (b) Date of occurrence

1	the	50)	00
Regio	tered	No.	

63358 BALTIMORE CITY HEA	OF DEATH U	58 ;
Street address Sally + Reduced Aluel.  Street address Sally + Reduced Aluel.  Hospital or institution:  Unusually Lagital  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town  (lf outside city or town limits, write RURAL (lf outside city or town limits)	and give town)
b) If veteran, name war  Sex  5. Color or race  6 (a) Single, married, widowed, or divorced.	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above stated deceased from NW 15 1939, to NW 19	Hithat lattend-
b) Name of husband or andrew years	and that I last saw h & alive on Mr. 2 3 19	Duration
Birth date of deceased mo, day, yr July 13, 1955  AGE: Years Months Days Wess than one day hr. min.	Careinana of the colmulatores  Due to  Due to	Type
10. Usual Occupation  11. Industry or business  12. Name  13. Birthplace	Other Conditions Arthurschuris  (Include pregnancy within 3 months of death)  Major findings:  Of operations  MITORIAM	PHYSICIAN Underline the cause to which death should be charged statis-
14. Maiden Name  15. Birthplace  16 (a) Informant  (b) Address Avalously. Me  (Burial, cremation, or removal)  (c) Cemetery or crematory  Location  18 (a) Funeral director Charry rules  (b) Address  (c) Address  (b) Address  (c) Address  (b) Address  (c) Cemetery or crematory  (c) Cemetery or crematory  (day) (year  (ponth)  (ponth)  (day) (year  (ponth)  (ponth)	(d) Did injury occur about home, on farm, industries place?  (Specify type of place)  (e) Means of injury  23. Signature	unty) (State) al place, in publi

63359

## CERTIFICATE OF DEATH 193

F 63359
Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State / La County	
Street address	No Channe	AT and give town)
Hamital at metitution	of outside city or town innion with	L. And Rive some
Pro. D. O. A. So. Bell. Sur. vafrete	# Street No. 224 to Payson W	1
Length of stay in hospital or inst. (yrs., mos., or days)	olf foreign born, how long in U. S. A.?	year•
Length of stay in Baltimore (yrs., mos., or days)	To it foreign both, the same	
a FULL NAME Lever C. With In	MEDICAL CERTIFICATION	8300
b) If veteran, name war 3 c Social Security Account No.	4 1 77 10 5	9. at M
No. No. No. Sex 5 Color or race 6 4 Single, married widowed, or	21 THEREBY CERTIFY, That I took charge of the r	emains described
In who single	above, held an (Nuton or Inquiry)	ion the evidence
Name of husband or wife	obtained by said (Autor yor Inquiry)	d deceased came
o c If alive, give age years	to he death on the day stated above	
7 Birth date of deceased mo, day, yr	Immediate cause of death	Duration
8 AGE: Years Months Days If less than one day		
	currin	
9 Birthplace Starts Colorado	Due to	
10. Usual Occupation Scholar	Due to	
11. Industry or business at Public School		
12. Name Hanry C. Wirth	Other Conditions	PHYSICIA
13. Birthplace Tahan	(In hide prignanty within 3 months of death	-
" Is Mardon Name Grace E. Iracy	Major findings: Of operations	Underline to whi
is the man		death should
15. Birthplace Nany C. Worthy	Of autopsy	tically
16 (11) Informant 224 n. Payson st.	22. If death was due to external causes, fill in th	e following:
	(1) Accident, suicide, or homicide cuidu	da.las.
17 (a Date thereof (menth) (day) (yel	(c) Where did injury occur? Penn. R.R. M.	Lyunkoulu
(e) Cemetery or cremetory Balfo	(c) Where did injury occurry (City or town)	County) (State
13 of med	(d) Did injury occur about home, on farm, indust	work? (6
Location William Court	(Specify type of place)	
18 (a) Funeral director 11 19 St Paul St	Means of injury both	M
(b) Address 2 / Thinkey he	23. Signature 2 Medical Exa	
19 m Registrar	Date signed A. 27/37	

HEALTH DEPARTMENT-CITY OF BALTIMORE 63360 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in CITY OF BALTIMORE: (No. 5 41 Nulsen a hospital ar institution, give its NAME Instead of street and number.) ds. How long in U. S. 1! of foreign birth? yra, mos. da. If U. S. Veteran Precify WAR 2. FULL NAME Ma Ward. (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, or Divorced (welle the word) 4. Color or Race I HEREBY CERTIFY, That I attended deceased from married dirorm 11-26 139 Denth le said to have occurred on the date stated above, 5.45/1 m. The principal cause of death and related causes of 6. DATE OF BINTH (month, day, year) Date of enest If LESS than Dave Years Months 1 day .....hrs. acute myocardeles (Cause holes .min. . . de profession, or particular had of work done as spinner, anwyer, bookkeeper, etc ... p. I dustry or business in which vork was done, as silk mill, one mill, bank, etc. 11. Total time lyers)
apent in this 10. It is decented last we ked at this sevupation (morth and occupation Dalo no Was we operation performed'-Date ofto BIRTHPLACE (city or town) i ate or o untr For what disease or injury? nunero Name of operation What test confirmed diagnosis History Was there an antopay? W 14. HIRTHPLACE (clayer town 23. If death was due to e ternal caups (violence) fill in also the following: Accident, suicide, or homitide? ..... Pate of Injury .... 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (cits Manner of injury IN BURIAL, CREMATION, OR REMOVAL Nature of injury to 1 w 29 ? 3 24. Was disease or injury in any way related to occupation of deceased? 19. INDERTAKER (Seeke 20 111 11

## 63361 Scd20-FS

# CERTIFICATE OF DEATH 05 Registered No.



PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Bakimore City, Maryland	a) State b) County	
4640 Eastern Ave.		
) Street address	(c) City or town	ve town)
Bolio City Hoopitals		
	(d) Street No. 18. W. Communication)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	Land Land Land Land	years
e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
(a) FILL NAME		
A C 115 with Account	MEDICAL CERTIFICATION	50
(b) If veteran, name was 3 (c) Social Security Account	20. DATE OF DEATH 11 - 28 - 1939, at 3	A.M
No.	I I I was a second that	lattend-
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above states, that ed deceased from 11-27-19 39 to 11-28-	1939
Male Mare	and that I last saw h as alive on 11-28-19 39	
(b) Name of husband or wife Martin Total		ration
6 c If alive, give age years	Immediate cause of death	mo
7. Birth date of deceased (mo., day, yr.) 3-25-1074	Cardiar decompensation 1	
B. AGE: Years Months Days If less than one day	Due to Hyperfeature CVD ?	-
65 8 8 hr. min	Due to Offersorel. NY. Die P	_
Vierlale		
(Town county and state)	Due to	
10. Usual Occupation Rottred Lunchroom operator	Other Conditions	
11. Industry or business	PU	YSICIAN
12. Name Jomes Roath	(Include pregnancy within 3 months of death)	
Vo.	(via)or tindings.	derline the e to which
13. Birthplace	Or operations death	h should be
14. Maiden Name Elisabeth	Of autopsy Not dove tical	ged statis
15. Birthplace	22. If death was due to external causes, fill in the followin	) g:
16 (a) Informant B. U.M. Records	22. If death was due to external causes, in the	
(b) Address	(a) Accident, suicide, or homicide	
When thereof War 303	(b) Date of occurrence	
17 (a) (Burial, cremation, or removal) (a) th) (day) (year	(c) Where did injury occur? (City or town) (County)	(State)
(c) Cemetery or crematory Condons Verif	(d) Did injury occur about home, on farm, industrial place,	, in publi
O Abr	place? While at work? (Specify type of place)	
· · · · · · · · · · · · · · · · · · ·		
Location Salto		
18 (a) Funeral director Charles 7 005.	(e) Means of injury	
2 - 6 7 7 1100		M. D.

F 63362
Registered No.

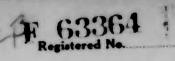
CERTIFICATE		-
THE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Md. (b) County Calvert	-
Baldinore Chylinson Woodleyd Avenue.		
Street address 2541 Woodland Avenue.	(e) City or town Prince Prederick, Id.	7) )
Hospital or institution:	4 / 1	
0	Street No. (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days)		214
Length of stay in Baltimore (yrs., mos., or days) 5 Years	(e) If foreign born, how long in U. S. A.?	=
Length of stay in Danimore year, many		
a FULL NAME Ella Elizabeth Lushy	MEDICAL CERTIFICATION	
1 2 C 1 Security Account	MEDICAL CERTIFICATION	
b) If veteran, name war	20. DATE OF DEATH NOV 28 1934, at 10304	N
Single married widowed, or	a the date above stated; that latter	lich.
divorced.	11 and from 11h > 1977. to 100	
Temple White Widow	and that I last saw h . alive on how .	
Name of husband or wife T. Frank Lushy		
O I II and Breeze	Immediate cause of death lugureralis year	
7. Birth date of deceased mo, day, yr June 6th 1862		
8 AGE: 1 Park	Due to arternanderous fr	•
77 5 22 hr. min.	A - R 1 / was	4
9 Birthplace Culturat County, d. (Town, county, and tate)	Due to Chrome Brucheles go	
10. Usual Occupation Cone	Other Conditions	
11. Industry or business	PHYSICI	AN
12 Name William V. Coster	(Include pregnary within 3 months of death)	th
13 Birthplace Calvart County, Md.	Major findings:	whiel
	harved	
14. Maiden Name Mary Jane Burnan	Of autopsy would timally	
15. Birthplace land	22. If death was due to external causes, fill in the following:	
Manual Irs. Lillie V. Bowen	(a) Accident, suicide, or homicide	
b) Address 3341 Toodland Avenue.	(a) Accident, suicide, of the (b) Date of occurrence	
A Date thereof Nov 30th 19	Where did injury occur?	atel
(month) (year)	(d) Did injury occur about home, on farm, industrial place, in p	
Cemetery or crematory Faul P. D.	While at Work?	
Location Prince Fraderick, Md.	place? (Specify type of place)	
18 (a) Funeral director J. Jichner Sons.	(e) Means of injury	
Ponne ATES.	23. Signature M.	D
b) Address North & Penna Aves.	Com DV 1 to Cambrie signed 11/26	1.
19 (a)	Address 410	1
( Late rec d by rest) (rar)		

F 63363

Registered No.

1	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	a State 12 M County	
Street address : nextly + / 1 1 2000 Ris	15 million	
Hospital or institution	City or town (If outside city or town limit, write RURAL.	and give town;
a laterate	Street No. 19 Mallow Hill a	and one
and or days Added to		years
Length of stay in Baltimore (yrs. mos., or days)	e If foreign born, how long in U. S. A.?	
Length of stay in Daitimore Vis.		
FULL NAME Rotty Reamer	MEDICAL CERTIFICATION	-
(h) It veteran, name wat	MEDICAL CERTIFICATION OF 10 39	alf M
No.	20. DATE OF DEATH Covereller 28 1939	ana described
Sex 5 Color or race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the rem	the evidence
L divorced	above, held an Markey thereon and from	
	obtained by said	deceased came
(6) Name of husband or wife 6 (1) If alive, give age years	to the death on the day stated above	
9000		Duration
7. Birth date of deceased mo. day, yt. 8. AGE: Years Months Days If less than one day	lrumediate cause of death	
8 AGE Years Months Days	Edema of largy and	
1 7 2 2 / hr min	The Whaten den	
9. Birthplace Tasherglow, DC	Due to The live houses	
/6 / T	Due to Strangellation den To sodeine unery	
To the second se	Due to	
11 Industry or business	Other Conditions	
12 Name Leve gt W. Rene		PHYSICIAN
2 11 Publice / XI harles 10.	the hide regioner within month of death	Underline th
14 Maiden Name Vera A. Endical	Major findings:	came to which
14 Maidett Name Color	Of operations	death should be
15 Birthplace Ce asville 26	Of autopsy	ticaliy
16 to Informan XI Reo. A. 16 mer	22. If death was due to external causes, fill in the f	allowing
16 to Informany Alla Close Leel for	Andert sucide, or homicide & Carlos	7
2 1 2 Developed ) (N 21,1)	22. If death was due to external causes, fill in the series of Accident, suicide, or homicide Accident	13.00.00
17 a David (month) (day) (year	Where did injury occur?	unty) (State
A secondary	Did injury occur about home, on farm, industria	il place, in publ
Location / Leasantvelle / Ja	place? how While at wo	ork) he
Liver Liebung stor	(Specify type of placed in KAL)  (Means of injury John placed in KAL)	- argenal
18 (a) Funeral director with S. Littling From		2.511
(b) Address Mottle 4 the wow.		ner
13 m 2 1 1 1 mules of the Resident	Date signed // 28/59	

### 63364



THE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State (b) County	
Hand In Theren ( )	B-OT - WELL	
) Street waters	(c) City or town town limits, write RURA	L and give town)
Hospital or institution:	of 1123 me Free	18,01.
20	d) street No. 423 Mr. 4-21	-7
Length of stay in hospital or inst. (yrs., mos., or days)		years
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
	Stevens	
(a) Pull name ( harles Howard	CERTIFICATION	
(b) If veteran, name war 3 (c) Social Security Account	Warned 25 10 3	9. 4 9 30 PM
No.	SO DATE OF DEATH	
Sex 5. Color or race 6 (a) Single, married, widowed, or	t t it was and on the date above stat	W1939
divorced. I proved	ed deceased from his 1937, to have	1939.
(b) Name of husband or wite way & Netgel Steven	and that I last saw h	Duration
(b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death authal	3 days
Birth date of deceased (mo., day, yr.) may 13, 1868	Limeray	
Birth date of deceased mo. day, your lifes than one day	- C. Ling chartie carllis	
3. AGE: Years Months Days If less than one day min.	Due to du du duran	?
	- A avai	
9. Birthplace Balt. (Town, county, and state)	Due to	.44.0
10. Usual Occupation Street	Churchy for julio m	2 Kgs
11. Industry or business (uto Paintle	Other Conditions	PHYSICIAN
1 4/ 1000	(Include pregnancy within 3 months of death)	
12. Name 17	Major findings:	Underline the
13. Birthplace	Of operations	death should l
14. Maiden Namels light to water		charged stati
	Of autopsy 611 in the	
15. Birthplace	22. If death was due to external causes, fill in the	
16 (a) Informant	(a) Accident, suicide, or homicide	
(b) Address 2 3	(b) Date of occurrence	
Decree (b) Date thereof (day) event	(c) Where did injury occur? (City or town)	County) (State)
(Burial cremation, or removal)	Did injury occur about home, on farm, industr	nal place, in pub
(c) Cemetery or crematory	While at	work/
Location Verdence	(Specify top of place) C	
18 (a) Funeral director	(e) Means of injury Shiplane ( ) ha	ly
11111 In maker a	23. Signature	M. P
Aldress III Calling		
b) Address	Address 3803 Columbia la Dute	signed //

### 63365 HEALTH DEPARTMENT—CITY OF BALTIMORE 63365 GERTIFICATE OF DEATH Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No

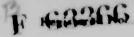
mos.....ds. How long in U. S. If of foreign birth?.....yrs,.....mos.....ds. Length of residence in city or fown If U. S. Veteran specify WAR

(a) Residence: No. 022 No. Bilmon	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or Rare 5. Single, Married Ridowed, or Divorced (write he worst)	21. DATE OF DEATH (month, day, year) / 27 22. 1 HEREBY CERTIFY, The attended document from 22. 274. 39
Sa. If married, widowed, or dispreed HUSBAND of (or) WIFE of DVG/12 Columbia	Link saw here alive on 1/17-7-39 Death is said
6. DATE OF BIRTH (month, day, year) 3 - 13 1840  7. AGE Years Months I hays If LESS than I day,	The principal cause of death and related causes of importance were as follow:
8. Frade, profession, or particular kind of work done, as spinner, charge of the sawyer, bookkeeper, etc.  9. Industry or business in which	Lobar meumonia. 11/1939
work was done, as silk motors was mill, bank, etc.  10. Date deceased last worked this occupation (monto and year)	Other contributory cause of importance:  4 4 1939
12. BIRTHPLACE (city or town I was Musely a.	Was an operation performe. Date of
14. BIETHPLACE (city or to Kindle Strate or country)	Name of operation  What the confirmed discount of there an autopay 710  23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME  16. BIRTHPLACE (esty or town Minds)	Accident, suicide, or homicide.  Date of Injury
17. INFORMANT PURCH Shinson	Manner of in ury
CHURIAL CREMATION, OR REMOVAL	Nature of injury

2 . 1 II 1 D Registrar.

no I

24. Was disease or injury in any way related to occupation of deceased?



	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	a State / D. b County	
Street address 3720 Full Maryland	a State 1 page 1	14.
Street address 3720 1 MW 1 W	City or town AMM MALL RAI	and give town
Hospital or institution:	272 Malla / Mad	
	Street No. (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	yeats
	· Olan	
o FULL NAME Party Account	MEDICAL CERTIFICATION	, 55A
(b) If veteran, name war / 3 (c) Social Security Account No.	20. DATE OF DEATH / 157. 28 1939	, at /2 //.M
Sex 5. Color or pace 6 (a) Single, married, widowed, or		
divorced. // arried	ad deceased from 11-18 1987, to //	939.
the man 5. Willer	and that I last saw h / M alive on /	Duration
b Name of husband or wife _ m. ma	Immediate cause of death . Carely	10 days.
	Hemorrhage	
Birth date of deceased mo., day, yr M.G. Vears Months Days If less than one day	Due to Sypertensine Cardiovani	der ?
3. AGE: Years Months Days hr. min.	Due to proper ensure	
	huddast.	
9. Birthplace (1) 1. My To Man, county, and state)	Due to	-
10. Usual Occupation	Other Conditions	
11. Industry or business	cinclude pregnancy within 3 months of death)	PHYSICIAN
# 12. Name Charles / Mille	Major findings:	Underlinette
13 Birthplace & Salvery Miles	Of operations	cause to which
- War to a second of the secon		charged cat
H 14. Maiden Named / A GARLY	Of autopsy	ticully.
\$ 15. Birthplace	22. If death was due to external causes, fill in the	following:
16 a Informant / M. C. mma & full	(a) Accident, suicide, or homicide	
3774 1116 1116	- La Dan of occurrence	
Davidson 197. 5 17.	Where did injury occur?	county) (State)
17 a Manual, cremation, or removal; (month) (day) (yes	Did injury occur about home, on farm, industr	ial place, in publ
Cemetery or crematory	White at	work?
Location / Satto MOTE Signal	Specify type of place,	
18 a Funeral director Foracte A. Maria	(e) Means of injury	anche
6 Address 3, 3/ Frals Monday	23. Signature Laurel	M. D.
h) A la com man man	Aldress 3.7/1 Jakes Ken Date	signed //
19 (a) Date rec'd by registrary		
C C		

HEALTH DEPARTMENT-CITY OF BALTIMORES CERTIFICATE OF DEATH Registered No. (If death occurred in 1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1204 Battery as a hospital or institution, give its NAME instead of street and number.) How long in U. S. If of foreign birth? ... yrs. . mos. Length of residence in city or town where death occurred. yrs, 2. FULL NAME Eugenia may Lees H U.S. Veteran 04 Balley anewer callent pive city or town and Mate) (a) Residence: No. (Unual place of about MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH MOKESWEE 28, 1939 5. Single, Married, Widowed. 1 HERRBY CERTIFY, That 1 attended deceased from 2. SEX or Divorced (write the november 10, 139 10 November 28, 1039 manie 1'2m. I had now has alive on rouse slees, 2 8 1934 in sold on if married widefind, or divgreed HUSBAND ASSIZEDENCH to have occurred on the date stated above, at 11.35 and The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of enset If LESS than myocardetes Days Months Years 7. AGE i day, hrs. Cheumater fever 11,839 mln. docardiles unele 8. Trade, profession, or particular kind of work done, as spinner, Housewell sawyer, bookkeeper, etc ... 9. Industry or business in which Other contributory causes of importance: work was done, . silk mill, Embol saw mill, bank, etc. 11. Total time (years) 10. Date decensed last worked at apent in this this occupation (morth and occupation mary land. Was an operation performed? 1010 Date of .... 12. BIRTHPLACE (city or town) (State or country) For what disease or injury? Louis atkins Physical + Luboralous 13. NAME mary Eand. 23. If death was due to external causes (vicence) fill in also the fol-14 BIRTHPLACE (city or town) State or country) Date of injury Accident, suicide, or homicide? 15 MAIDEN NAME MAS (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city (Address) /204 Manner of injury Quature of Injury 2). Was disense or injury in any way related to occupation of deceased?

NO

or East west sheet

19. UNDERTAKER O Emas G

29 J.H.I.D

Anthony Top - The state of the letror



	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Md (b) County	
Baltimore City, Maryland	a State / Vill	
Baltimore City, Maryland Washington Slud	(c) City or town (If estable city or town limits, write RURAL.	and give town)
Hospital or institution	ell est ide etty of town time.	Blood
110shum or or	A suret No. 720 Washington	10200
or days)	The state of the s	,
Length of stay in hospital or mst. (yrs., mos., or days)	If foreign born, how long in U. S. A.? 6 /	years
Length of stay in Baltimore yrs mos., or days 59 yw.	(e) it toleran	
Length of the Contract of	2 1	
FULL NAME Susan Meet	MEDICAL CERTIFICATION	0.0
3 ( Social Security Account	100 27 129	, at 4 a. M
No. 10		
6 a) Single, married, widowed, or	21. I certify that death occurred on the date above the deceased from ed deceased from 22 13 19 37, to 110	27 1939.
Sex 1	ed deceased from	3.4
		Duration
b) Name of husband or wife & harles & . Mello 6 (c) If alive, give age 72 . years		Durann
	0 100	
Birth date of deceased mo, day, yr. sept 4. 1811	Due to	
ACE. Years Months Days	Duate	
68 2 23 hr. min.	Due to	
Fredand	Due to Urlerio Aclerosia	-
Birthplace London. England	Due to Ca	
Alaria VV	and C. Helen	
	Other Conditions	PHYSICIAN
11. Industry or business  12. Name Frederick W. Woodley	(Include pregnancy within 8 months of death)	Underline the
12 Name Trederick	Major findings:	enuse to which
a so Delalas anglante	Of operations	death hould be
13 Birmpiace		harged state-
14 Maiden Name wan Jorgerson	Of autopsy	1
	22. If death was due to external causes, fill in the	tollowing:
Fig. 10 Al S. PUPCE CO.	or hornicide	
(b) Address 7 20 Washington Blod	(a) According 2	
b) Address INO MILLANIA	39 (b) Date of occurrence	(State)
17 a Burial b Date thereof 100. 30 17	(c) Where did injury occur? (City or town) (C	ial place, in public
(Burial, cremation, or it is a factor of Park.	(d) Did injury occur about home, on farm, industr	vork)
- Camplery Of Cititation	place? (Specify type of place)	
Location Bullo . 6 my of The	1 Shares 12 the second	,
Mrs. when It general	e) Means of injury min lus 1	064
18 a Funeral director W. Faryette Sh	23. Signature	1/1/28
	23. Signature muling of Address 294 ash Bland. Date	signed /
19 0 Regulatrar	11 Vidaica	/ /
TIVITALE SER IN CLANESTA		



F 63369 BALTIM	RTIFICATE OF DEATH  2. USUAL RESIDENCE OF DECEASED:	369
A	County County Baltamore (c) Circle town Cife entered erits or town with Rt  2) Street No. 23/1 Whiteer	RAL under town
Length of stay in hospital or inst. (yrs., mos., or Length of stay in Baltynore (yrs., mos., or days)	34 yrs (a) If foreign born, how long in U. S. A.?	years
SINI NAME NO WO!	1101	9
b) If veteran, name war  b) If veteran, name war  S. Color or race divorced man	MEDICAL CERTIFICATION Security Account  20. DATE OF DEATH  21. I certify that death occurred on the date above ed deceased from Oct.  21. I certify that death occurred on the date above ed deceased from Oct.	stated, that lattend
(h) Name of husband or wife Simon 6 le If alive, give	e age years Immediate cause of death  Coerdine Silalation	Duration
8 AGE: (Years Months Days If less hr 9 Birthplace	Due to Due to	0 102-14
10. Usual Occupation Houseway 11. Industry or business	Other Conditions	PHYSICIAN
12. Name confluence  12. Name confluence  13. Birthplace  14. Maiden Name confluence  Russe	Of operations	Underline the cause to which death should be charged statis- ticulty.
15. Birthplace 16 a Informant b Address   50 all femma.  4 Date thereof	22. If death was due to external causes,	the following:
Cemetery or cremation.  Location  18 a Funeral director	where did injury occur about home, on farm, ind    While	at work?
(b) Address (3) 6	Registrar Address 231 Kulas Huse	Date aigned than > 3/3

# BALTIMORE CITY HEALTH DEPARTMENT RECERTIFICATE OF DEATH

F 63370 Registered No.

	2. USUAL RESIDENCE OF DECEASED:
. PLACE OF DEATH:	3.45
D bimore City Maryland	a State Med (b) County Bullinesse
Hilkens + Catan	
Hospital or institution:	(c) City or own (If outside city or town limits, write RURAL and give town)
St. agnee	1) Sweet No. 625 Musdock Rd.
No. of the last of	of Sweet No. 6 1f rural give location)
d) Length of stay in hospital or inst. (yrs., mos., or days)	
e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Mr. Prederice	le T. Hatrick
mr. rederice	MEDICAL CERTIFICATION
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. 05	II ZU. DATE OF DEATH
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	as I what death occurred on the date above stated; that lattend-
male White divorced indanced	ed deceased from / 1-23 1939, to //-21 1997.
	and that I last saw here alive on 11-28 19 37.
6 b) Name of husband or wife 6 c) If alive, give age years	Immediate cause of death Duration
	4/ 0 4 644 4 00
7 Right date of deceased (mo., day/yr	E Hangremon netestine
8 ACE: Years Months Days Fless than one day	
2 26 hr. mir.	Generalized Peritorutie
9. Birthplace German	Due to
9 Birthplace	
10. Unual Occupation Filling Station operate	Other Conditions
Il Industry or husiness 5 and toset	PHYSICIAN
# 12. Name Pred a Hatreh	(Include prognancy within 8 months of death)
	Major findings: /
13 Birthplace Hermany	Of operations death should be
14 Maiden Name Manie Gilbren	charged station
	A denuly Pentonte tically.
15. Birthplace	22. If death was due to external causes, fill in the following:
16 (a) Informati Sugerie & acoch	(a) Accident, suicide, or homicide
(b) Address / 740 M Bond 4	(A) Date of occurrence
Busine (h Date thereof Dec/-3)	When did injury occur?
(Burial cremation, or removal) (month) (day) () ear	
c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in publi
10 alleur ma	place? (Specify type of place)
Location Color Celesia	(e) Means of injury
18 a Funeral director	(like) Keasara
(b) Address 20 & Calle	23. Signature
19 a MAN GO SAME - L Million	Address St. agnes togethe Date signed & 4)
(this on a by intristrat)	

C2291

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50097 F 63371.

63371	CERTIFICATE	OF DEATHVID	
()()().		2. USUAL RESIDENCE OF DECEASED:	- 25
PLACE OF DEATH:  Rehimore City, Maryland		(a) State Maryland (b) County	-
Street address Baltino		(c) City or town Balt4 HOTO limits, write RURAL	, and give town)
Baltimore City Hor	ppitals or days)	Sur No. 2018 Bolton St. pural give location)	yeare
Length of stay in hospital or i	yre., mos., or days) life	(e) If foreign born, how long in U. S. A.)	×
		MEDICAL CERTIFICATION	
COLTHO	1 Rolotus   3 (c) Social Security Account	20. DATE OF DEATH November 2 \$ 1939	. at 9:00 PM
b) If veteran, name war	No.	20. DATE OF DEATH /V	ed; that lattend-
Sex 5. Color or race	6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above that ed deceased from N or 1> 1934, to Nor and that I last saw here alive on Nor 1	
EX			Duration
b) Name of husband or wife	6 c If alive, give age years	Immediate course of death turity	1
Birth date of deceased mo.,	day, yr.) 11-13-39		-
AGE: Years Months	Days II Ital	Due to .	
	hr. min.		
Birthplace	(Town, county, and state)	Due to	1
ma 2	Born	Other Conditions Entero Califus	-
U. Could Occupation	0		PHYSICIAN
1. Industry or business		(include pregnancy within 3 months of death)	Underline th
12. Name Unknown		Major findings:	cause to which
13. Birthplace	Unknown	Of operations	death should h
	tasia ?	Mes!	tically.
	Unknown	Of autopsy 22. If death was due to external causes, fill in the	e following:
15. Birthplace	Oliveio vis	22. If death was due to external causes	
16 a Informant Recurs		(a) Accident, suicide, or homicide	
(b) Address Baltine	are City Hospitals	(b) Date of occurrence	County) (State)
sallo City son	Date thereof //- 28 37	(c) Where did injury occur? (City or town)	County) (State)
17 (1 Burial Grematic or 17	noval;	(c) Where did injury occur about home, on farm, industry (d) Did injury occur about home, on farm, industry while at	mai place, or r
(c) Cemetery or cremato	ry	(d) Did injury occur about the While at place? (Specify type of place)	WOTE
Location		(Specify G)	
18 (a) Funeral director.		(e) Means of injury	M. D.
And the second s		23. Signature ATT HOPE Day	e signed 11/21
(b) Address	as a little service	Address Sall- 45 Aug Da	-
19 (a)	(b) Revisirar		



CERTIFICATE	OF BEATT V	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 2333 Eastern Ave  (c) Hospital or institution:	(c) City or townBaltimore limits, write RURAL	and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME George A Ward		
Spanish Amre War No. none	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 27 1939 19	, at 5 · 50 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. married	21. I certify that death occurred on the date above state ed deceased from Mar. 1 19.37, to not and that I last saw h imalive on Moo. 27 19	2.271939.
6 b Name of husband or wife Dora Ward 6 c If alive, give age years	Immediate cause of death Themorrhage	Duration / week
7. Birth date of deceased (mo., day, yr.) August 18 1870  8. AGE: Years Months Days If less than one day  69 3 9 hr. min.	Immediate cause of death Cerrebral Themorrhage  Due to Arterioselerosis	10 yrs
9. Birthplace Baltimore Md (Town, county, and state) 10. Usual Occupation Retired Plumber 11. Industry or business Own Business 12. Name William Ward	Other Conditions  (Include pregnancy within 3 months of death)	PHYSICIAN Underline the
13 Birthplace Ireland	Major findings: Of operations	cause to which death should be charged statis
14. Maiden Name Unknown Ireland	Of autopsy	tically.
15. Birthplace  16 (a) Informant Dora Ward (WIFE)  (b) Address 2333 Eastern Ave  17 (a) Burial (Burial, gremation, or removal)  (c) Cemetery or crematory Oak Lawn Cemt  Location  18 (a) Funeral director  (b) Address 100 (Burial, Gremation)  19 (a) Registrar	22. If death was due to external causes, fill in the factorist (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  (Specify type of place)  While at works (Specify type of place)  Address (Date of Date of	unty) (State) Il place, în publ

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH,

F 63373

Registered No.....

	CERTIFICATE		
		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  ) Baltimore City, Maryland 1209 S	Clinton St	(a) State Md (b) County	
Street address Hospital or institution:		(c) City or town Baltimore (If outside city or town limits, write RURAL) 1209 S Clinton St (If rural give location)	and give town)
Length of stay in hospital or Length of stay in Baltimore	yrs., mos., or days)	e) If foreign born, how long in U. S. A.?	years
(a) FULL HAME Adam On		MEDICAL CERTIFICATION	
(b) If veteran, name war	3 (c) Social Security Account No. retired	November 28 1939.	1.15Am
Sex 5. Color or race white	6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	- 19 s
7. Birth date of deceased imo., 8. AGE: Years Months 8.3 0	athryn Ortt 6 c If alive, give age years day, yr. August 28 1856 Days If lees than one day hr. min. Balto Md (Town, county, and sate) 1000 , ired Standart Oil C	Due to	Deretion  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11 Industry of business		Other Conditions	PHYSICIAN
12. Name George German	ny	(Include pregnancy within 8 months of death)  Major findings:  Of operations	Underline the cause to which death should be charged statis-
14. Maiden Name Mary 15. Birthplace Alsac	y Alohf loraine Germany	Of autopsy  22. If death was due to external causes, fill in the f	tically.
16 (a) Informant George (b) Address 209 S  17 (a) Burial (Burial, cremation, or rem (c) Cemetery or cremator Location  18 (a) Funeral director	e Ortt(Son) Clinton St  (b) Date thereof Dec 1 19 (month) (day) (real) Holy Redeemer Cel	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industria place?  (Specify type of place)	unty) (State)
(b) Address 40	Huntington Williams	Address 24 2 Date s	nigned to af



. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		(a) State laryland (b) County	
b) Street address	ark prive and 31st St.		
c) Hospital or institution:		(c) City or town Baltimore, hd. (If outside city or town limits, write RUR.	AL and give town)
D. S. Marine Bos	pital, Baltimore, Md.	(c) If foreign born, how long in U. S. A?	
d Length of stay in hospital	or inst. (yrs., mos., or days) 100 . 180	(If rural give location	
(e) Length of stay in Baltimore	(yra., mos., or days) Lifetine	(e) If foreign born, how long in U. S. A.?	years
S (a) FULL NAME			
CMER	3 (c) Social Security Account	MEDICAL CERTIFICATION	
3 b) If veteran, name war	No. 216-09-9856		9 1:20PM
4. Sex 5. Color or race		21. I certify that death occurred on the date above sta	
Male hite	divorced. Single	ed deceased from October 12,19, 39, to ov.	28, 19 39
		and that I last saw him alive on Nov. 28,	1939
6 (b) Name of husband or wif	6 c If alive, give age years	Immediate cause of death	Duration
2 D at the of deserved mo	, day, yr.) Oct. 22, 1888	lulmonary erbolism	2 days
8. AGE: Years Months	Days If less than one day		
51 1	6 hr. min.	Due to heumatic heart disease	Unknown
20201	ore, Maryland	with aortic stenosis	-
7. Ditti piace	(Town, county, and state)	Due to	
10. Usual Occupation Phot	tograiner		
11. Industry or business JEL		Other Conditions	PHYSICIAN
12. Name Jones II.	Childs	(Include pregnancy within 3 months of death)	
13 Birthplace	Maryland	Major findings: Of operations 1000	Underline the
14. Maiden Name HTEM	ret Andrews		death should be
	Relay, Maryland	Of autopay Pulmonary embolism	tically.
		22. If death was due to external causes, fill in the	following:
	-U. S. Marine Hospital,	(a) Accident, suicide, or homicide	
b Address 1 1 1 10	11/1/20	(b) Date of occurrence	
17 (a) Marcal	b Date thereof (month) iday (year	(City or town)	ounty) (State)
(c) Cemetery or ecemeter	- 13als	(d) Did injury occur about home, on farm, industri	al place, in public
Location 34	lto med	place? While at w	
18 (a Funeral director Wal.	Clian Cook		400.0
1119	St. Paul st	(e) Means of injury	
b Address	they were like a like	25. Signature	M, D. eigned 11/28/3.
(Date rec'd by registrar)	Registrar	7.66763	signed a Li Loj C.
		partimore, Maryland.	

PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address / C 9 / Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County	
2) Baltimore City, Maryland	(b) County	
a) Ballimore City, Many Indian The	The state of the s	
	(c) City or town (If out ide city or town limits, write RURA)	Land give town)
() Hospital or institution:		- me
	instruct No. 16 9 2 Marinal give in ation)	
d Length of stay in hospital or inst. (yrs., mos., or days)	14	years
	(e) If foreign born, how long in U. S. A.?	· year
e Length of stay in Baltimore (yrs., mos., or days)	1	
3 (a) FULL NAME / Y / MANGE / Wigh	14 AL SERVICE ATION	
3 (c) Social Security Account	MEDICAL CERTIFICATION	9 1:30 4/
3 b If veteran, name war	20 DATE OF DEATHY . A 7 19-1	9.06:00
6 (a) Single married, widowed,	or I have above state	ed; that lattend-
4. Sex	ed deceased from Och 19, 1939, to How	9 190 9.
by the later of the works	and that I last saw h alive on I	9
6 b Name of husband or wife As Maline give age yea	(1.4	Duration
6 (1) If allive, give and	Immediate cause of dean .	2 mors
7. Birth date of deceased mo, day, with with 6.18 01		
8 AGE: Years Months Days C If less than one day	Due to My reardiles	3 400
hr. mi	in. Due to	
9. Birthplace Comada and state /	Due to	
Town county and abile		
10. Ogual Occupation	Other Conditions	
11 Industry or business		PHYSICIAN
# 12. Name / willows a ung uy	in lude pregnancy within 3 months of death)	Underline the
12. Name of will and with the state of the s	Major findings: Of operations	death hold b
The Allerda		charged statis
H 14 Maiden Kerpe M 40 M	Of autopsy	themily
15 Birthplace Ulogala	22. If death was due to external causes, fill in the	following:
16 a Informant of mile angley	(a) Accident, suicide, or homicide	
& Address 1009 main out	(a) Actions  (b) Date of occurrence	HU. W.
1 Description 1/293/	Wil and did injury occut?	ounty) (State)
Burnal cremation, or removaly (months (day) (y	(c) Where did injury occur about home, on farm, industri	
(c) Cemetery or cremutary, Collins		vork?
Location righten Coch. rightout	Specify type of place	
	23. Signature  Address 424 6. 2011 Aur Date	Į.
18 a Funeral director for white of	23. Signature	/ M. D.
(b) Address 1217 81 C Ville	124 E. Lersh au Date	signed /1, 29, 2

63376

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Resistered No. 3376

	- Paris	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
0 1 1	(a) State Mes b) County	
1 Sulasi	5 KA 00 . 6 9	-
b Street address 237 M. Sulasi 4	(c) City or town	a deive town
	1 0 22 n CO	1
	IN Sold No. 937 M. Salor	7
d Length of stay in hospital or inst. yra., mos., or days		
(e) Length of stay in Baltimore (yrs., mos., or days 3 -	e) If foreign born, how long in U. S. A.?	year
THE NAME /		V
Jungy /// Jungo	MEDICAL, CERTIFICATION	
3 h If veteral hame war S c Social Serie tv Account	1/27/26	6444.
No.2/2-/2-/373	20. DATE OF DEATH 19 19	, at / 1 M
4. Sex 5. Color or race 6 (a) Single, married, wydowed, or		ed; that allend.
In Q. divorced merries	ed deceased tro	(10)
Mall 1 95 3:35	and that I last saw re whive or /// 57	
6 1/2 Name of husband or will full of life alive, give and bream	Immediate cause of deaths	Dyation
	Burnermen	10043
7. Birth date of deceared and, day, yr  Months Days If less than one day	7	1 1
AGE: 1 cars Months	Due to dry te	-
53 1 28 hr min.		
9. Buthplace / Exter- mi	Due to	
Cacaa.M	1	
10. Usual Occupation	Other Condition Breeze Condition	
11. Industry or business	Telvales dentes	PHYSICIAN
12 Name Unohary	(Include programmey within 3 months of death)  Major findings:	i nderline th
2 13 Birthplace Jufor Mr.	Major findings:	case to whe
5		harped state
14. Maiden Name Acry	Of autopsy	tically
\$ 15. Birthplace Extension	The death was due to external causes, fill in the f	ollowing:
16 (a) Informan Willes O. Copy 5	(a) Accident, suicide, or homicide	
(b) Address 934 7. Sulow 2	(b) Date of occurrence	
17 (a) b) Date thereof Nor 29, 193	121 and did injury occur)	unty) (State)
Herial cremation or removal) (menth) (day) (year	(d) Did injury occur about home, on farm, industria	
(c) Cemetery or crematory Mt Curtur	While at wo	rk?
Location 20 M 1: D 1 100'	place? (Specify type of place)	
N/ A - / - / - / - / - / - / - / - / -	mee Means of injury	
3=3 / 1 / 1.1 - 1 / 1	23. Signature / suc the	v o
b) Addres 327 ( Somman A		(42)
19 (a) ( Aby presence) ( Bugister	Address	1 153
We a		, /
VS 3		

### HEALTH DEPARTMENT-CITY OF BALTIMORE

63377	CERTIFICATE C	OF DEATH	5-3 F	63377
1. PLACE OF DEATH	1 1 1	7	Registered N	ia
CITY OF BALTIMORE: (No. 1126	angylele	Ward)	a hospital	or institution.  NAME instead
Langth of residence in city or how house death	$\sim 1/\Lambda$	Hew long le U. S. H «		and mamber.)
12 11	o Buttle	n	HU.S Vet ran	
2. FULL NAME	V. (;		and the work	
(a) Residence: No. (Usual place of	gre cen	St.,Ward	resident give city or t	own and State)
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTI	FICATE OF DEA	тн
VL 1 2 or Divolced	Married, Widowed, (write the word) 21.	DATE OF DEATH (month, de	v. year) / v.	26 . 1059.
Sa. If married, widowed, or flowed Bull Burney	+0	July J 1239	Van 26 dos	
/ /	1846	ave occurred on the date stated		
7. AGE Years Months Days	If LESS than 1 day hrs.	principal cause of death and rel	ated causes of	Date of onset
90 110 4	er min.	Ligaric Heart	Disease	Kenty
C Frade, profession, or particular kind of work done, as spinner, wayer, bookkeeper, etc.	Jaged .	no. 1000 1000 1 1 1000 1 1000	and pulp galage der ausprechann	delfinte
9. Industry or business in which work was done, as allk mill.	-/ ~ -	Compared and the regions are to be		
this occupation (month and	time (years)	r contributory cances of important		
12. BERTHPLACE (city or Challes 6-	Med	an operation performed?	Date of	,
E 12. NAME Thomas Butt	ev	what discuss or injury?		
14. BIRTHPLACE (city (State or country)	Made Whi	ne of operation  at test confirmed diagnosis?  If death was due to external		
E IS MAIDEN NAME Under	_	lowing: ldent, suicide, or homicide!		
16. BIRTHPLACE (city or Charles (State or covery)	- 1111	ere did injury ocur"	pecify city or town, co	unty, and State)
IT INFORMANT Jones Butley	Spe	city whether injury occurred	in inquetry, in so	me, or in public
(Address) M26 (myle (	Mai	nner of Injury		
Plan Called Date 1	19 1-	ure of injury		
19. UNDERTAKER WILL VOLTE R. U	I Diams 24.	Was disease or injury in any	way related to occup.	ation of deceased?
(Address) 322.M. lehry	alu Da	(Signed) R. Garla	- of Chique	M. D.
26. FT\$16 V 2.9 1539	Registrar.	(Address) 1334-	Arind Will	un
· · · · · · · · · · · · · · · · · · ·	Miliams, M.R.			

HEALTH DEPARTMENT-CITY OF BALTIMORE

63378	CERTIFICATI	OF DEATH	23 F 63378
1. PLACE OF DEATH	11	0 4/14-20	Registered No
CITY OF BALTIMORE: (No. 746	Reduca	Ward Ward	Rive its NAME instead
Length of residence in city or town where death			
2. FULL NAME & STORY	fel.	(3 (3 7.7	
(a) Residence: No. J. Ho.	levood		*215-05-8806
PERSONAL AND STATISTICAL PA		MEDICAL CER	TIFICATE OF DEATH
	(witte me and)  -	21. DATE OF DEATH (menth,	day, year) Ur 2 7, 1939
Sa. If married, widowed or divorced BUSBAND of Karrie (	ec.	list silv by pilve on	orto 1 27 Death is said
6. DATE OF BIRTH (month, day, year)///20	.///4 •	to have occurred on the date sta	
7. AGE Years Months Days	If LESS than	The principal cause of death and	Date of ornet
2. Trade, profession, or particular 9 . D	or min.	Tuler	Eulastis Pril.
kind of work done, as spinner ale	record	1-1-70	1989
5. Industry or business in with work was done, as silk off	Labor	Other/Contributory cames of imput	- Putt
10. Date deceased in a sprice of the this overpation fourth appropriate spring fourth appropriate spring sp	ent in this cupation	Tuberrul	er Infection 139.
12. HIRTHPLACE (city or town)	m).	Van an operation performed). R	Date of
E 11. NAME James Les.		For what disease or injury?	1.1-0
14. BIRTYPLACE (city or town) Batts	· Las	What test confirmed diagnos Co	template an autopay 100
15. MAIDEN NAME Catherine	(3-	lowing: Accident, suicide, or homicide?	Inte of injury
14. BIRTHPLACE (city or town) to her	2200 .	Where did injury occur!	(Specify city or fown, county, and State)
IT. INFORMANT Laffering	1-1-28-	place	ed in industry, in home, or in public
IS, BUREAL, CREMATION, OR REMOVAL	24 , 30	Manner of Injury	
The My table 18	W100.	24. Was disease or injury in an	by year related to occupation of deceased?
(Address) 3 22 U. A duro	der trams	7000	Turne
*NOV 29 193953 4 //	William Meighetras.	(Name) 2	W. arlington
***		1	1 4

63379

### CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT

	DOWN OF DESTACES	
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED: (a) State Med. (b) County Bales.	0
Baltimore City, Maryland	(a) State MC. (b) County	
Baltimore City, Maryland  Street address Wallism & diudsa Cur	(c) City orlown Bulting write RURA	
Street address / Comments of the street of t	(c) City of flown	I. and give town)
Manyland general Hospital.	(Il outside cit) or roan time.	
manyana punt troping.	1 Spect No. 732 Pacific It	
d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hes.		
The state of the s	(e) If foreign born, how long in U. S. A.?	years
e) Length of stay in Baltimore (yrs., mos., or days)		
1 a FULL NAME 1812 TBa Sca		
Jur. preparo, Orange	MEDICAL CERTIFICATION	
3 (c) Social Security Account No.216-03-6427	20. DATE OF DEATH 11/27 1939	9. at 9.45 P. M
1 1 1 1 1 1	21. I certify that death occurred on the date above stat	ed: that lastend.
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	127 1939
11/10le White divorced Marce	ed deceased from 11/27 1937, to 11/27 and that I last saw hi ~1 alive on 11/27	939
6 b Name of husband or wife Ela Boker  6 b Name of husband or wife Ela Boker  6 c Halive, give age years	and that I last saw hi ~1 alive on /1/27	
6 b Name of husband or wite 6 c If alive, give age years		Duration
	myocordial truly .	-
7. Birth date of deceased (mo., day, yr.) March 23, 1881		-
8. AGE: Years Months Days If less than one day	Due 10 arthma - & Chionic	-
0 48	negocorditie	
9. Birthplace Bullo, Co.	Due to	
O Carlowing county, and react,		
10. Usual Occupation Clerk	Other Conditions	
		PHYSICIAN
a Jun Bourn Oroker	(Include pregnency within 3 months of death)	
12. Name Mr. Joened. Ballo Co.	Major findings:	Underline th
13. Birthplace	Of operations	death should b
14 Marden Name almera / Court		charged statis
14. Maiden Name alwira Noure 15. Birthplace Med. Balto. Co.	Of autopsy.	( Ili.
1). Birthpince 100.	22. If death was due to external causes, fill in the	tollowing:
16 a Informant Ella Baker	(a) Accident, suicide, or homicide	
(b) Address 732 Pacific St.	(b) Date of occurrence	
b Bate thereof /1 - 90-37	Where did injury occur?	ounty) (State)
(Buris, cremation, or removal) [month) (day) pear	(City or town) (Company occur about home, on farm, industri	0011.3
Cemetery or crematory the grown	While at w	rork?
I mation Rayville Bacto Co	place? (Specify type of place)	
1 Sand Heart	(e) Means of injury	
18 a Funeral director		
(b) Aderes Lo Co To To William	23. Signature	11/27/
19 (a) (b) the for I' his and , in	Maryland Pu. M. Date	signed ///2//
(Date rec'd by registrar)	Address Many	

### CERTIFICATE OF DEATH



				CHACK
1. PLACE OF DEATH: (a) Baltimore City, Mar	yland		2. USUAL RESIDENCE OF DECEASED:	
(b) Street address Bultumere Maryland		a 3/2 mm3 a m3	(a) State Mar. Land(b) County	-
		C. MARY ARAM	(c) City or town Baltimore	
(c) Hospital or institution			(c) City or town DELL LINGTE	AL and give town)
Bultimare Ci	ty like.	D.A. V.E. A.P		
(d) Length of stay in ho	pital or in	net. (yrs., mos., or days)	(4) Surget No. 1008 Monument Stl	-
(e) Length of stay in Bal	timore (y	ra., moa., or daya) 22 yrs.	(e) If foreign born, how long in U. S. A.?	yeary
3 (a) FULL NAME	ulah W	ard	The control of the co	V
3 (b) If veteran, name w		3 (c) Social Security Account	MEDICAL CERTIFICATION	
	-	No.	20. DATE OF DEATH revenules 21 19 39	, at 4 = AM
4. Sex 5. Color of	r race 6	(a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	ed; that lattend-
Tem le Colo	reid	ivorced. Karried (Se,)	ed deceased from 3ch 8 1939, to km	v. 21 1939.
6 b) Name of husband	or wife	Jefferson	and that I last saw her alive on how . 26	939.
	6	(c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased	(mo., day	y. yr.) July 11. ? W.	Cerebrol Thrombosis	5 days
8. AGE: Years Mont				
57 3	2		Due to	
	-	lorida		
9. Birthplace		The second secon	Due to.	
10. Usual Occupation	Housew			
11. Industry or business		0	Other Conditions Syphilitic Heart Misiane	hulenno.
			Other Continuous	
12. Name John	Carrin	zion -	(Include pregnancy within 3 months of death)	PHYSICIAN
13 Birthplace	F.	lorida	Major findings:	Underline the
	Tannia	Catera	Of operations	death should be
14. Maiden Name 15. Birthplace	- HILLIA	\$ & & A & S	Of autopay but dem.	harged statis-
15. Birthplace	T	lorida	Of autopsy hat dene.	thoully
16 (a) Informant	cords		22. If death was due to external causes, fill in the fo	llowing:
(b) Address to	2 + 1 111/11	e City Hessitels	(a) Accident, suicide, or homicide	
		A TOTAL STREET, WILLIAM STREET, STREET	(b) Date of occurrence	
(Burial, cremation, o		Date thereof (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery or cren	atory		(City or town) (Cou	
69813	Dali Lilett	MON D 4 13.		
Location ."	(600	1115616.162	place? While at wor	
18 (a) Funeral director		D - 11 A 84	(e) Means of injusy	
(b) Address		Per H. A. Moore	23. Signature of muraghelaken	
19 (a)	(b) +	to to the WIII		M. D.
(Date rec'd by regist)	eri	Registrat	Address Whelto City Hog. Date sig	med //-18-39
		82 (m \$ 1.)		

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Non281.

	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH: Baltimore City, Maryland	(a) State Last (b) County Holloway
Street address Hospital or institution: University Hospital	City or town (If outside city or tewn limits, write RI/RAL and give town)  Street No. 708 Brolle St.  (If rural the location)
1 and or met vis, mas, or cave	(e) If foreign born, how long in U. S. A.?
FULL NAME BABY COXSON	MEDICAL CERTIFICATION
b) If veteran, name war Social Security Account No.	20 DATE OF DEATH homenter 24 19 39. at 7 2 M
Sex 5. Color or race 6 a Single, married, widowed, or divorced surgle	21. IHEREBY CERTILY, That Itook charge of the remains described above, held an (Automy for Lypiny) thereon and from the evidence obtained by said and find that said deceased came
(b) Name of husband or wife 6 c If alive, give age years	to his death on the day stated above.
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days If less than one day	Immediate cause of death
}	come undeterment
Birthplace Boltonias Time county, and stars	Due to Came undetermined
O. Usual Occupation	Other Conditions Carde Cardine
12 Name Unhum	checkeds are within a research of death)
13. Burliplace  14. Maiden Name  2. 15. Birthplace  2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Major lindings Of operations  the first to what do not bound to be a constant to the bound to th
16 to Informant butter	Of autopsy as of the tieslly  22. If death was due to external causes, fill in the following
17 (a Date thereof (month) (day) (year	Where did injury occur?
Location UEDIA SCHOOL (1942-29 1939	Did injury occur about home, on farm, industrial place, in pub
18 a) Funeral director  Per H. A. Moore  Address	(e) Means of injury  23. Signature  Medical Examiner
19 a) Registrar	Date signed how 27, 1835

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

### Registered No. F 63382

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Balance City Maryland	(a) State (b) County	
Street diese 2 408 Edmondson dve		
c) Hospital or institution	City or town (If not ide city or town limits, write RURA	L and give towns
	VII Comet No.	
d Length of stay in hospital or met. Lyrs, min, or days		
e) Length of stay in Baltimore (yrs. mos., or days)	(e) If foreign horn, how long in U. S. A.?	yenie
	111 1 50	
3 10 FULL NAME CLARENCE F. M.	MEDICAL CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	7 m /2 M
No.	20 DATE OF DEATH horsender 174 19 3	
4. Sex 5 Color of race & a Single, married, widowed, or	21. THEREBY CERTIFY, That Itook charge of the re	mains described
hole white divorced single	above, held an thereon and from the state of	In the evidence
6 (b) Name of husband or wile	obtained by and find that and	decensed came
6 c) If alive, give age years	to death on the day stated above	
7 Birth date of deceased mo . day, yr		Duration
8. AGE: Years Months Days If less than one day	Immediate cause of death  Molnitrities	Dat 2000
Rus 12 hr min.	Mother	
1	and thenrhes course	
9. Birthplace Town, county, and state	Ducto dhankes, cancer	
10. Usual O cupation	Due to 1	
11 Industry or bus		
2	Other Condition	
12 Name	and the state of t	PHYSICIAN
13 Buthplace	Major findings:	Underline the
14 Maiden Name	Of operations	cauc to which
15. Birthplace		d the half be
<b>\</b>	Of autopsy	tiently.
16 (a) Informant	22. If death was due to external causes, fill in the	following
the Address	(a) Accident, surcide, or homicide	
17 (a) (b) Date thereof (results) (day) (year)	Dire of occurrence	
(Tellar comment at comme	(c) Where did injury of ur)	intyl (State)
Cemeters of desire and FUND MON SO IAS	Did injury occur about home, on farm, industri	al place, in public
Location Ullim Shore of Francis	While at w	ork)
18 (a) Funeral director	(a) Means of injury	
I William	11 T (1) alterno	eben MD
11UV 29 1939 1 million	Date signed hov. 18th, 1839	1000
19 (d) Date ree'd by registrar) Registrar	Date signed 100 U. 1 U 17 17 17	

# CERTIFICATE OF DEATH



		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland		(a) State had (b) County Bollerine	19
Street address // 26 Hospital or institution:	y very s	(c) City or town Balling (If outside city or town limits, write RURAL of Spectro. 1126 Orleans St. (If rural give location)	and give town)
Length of stay in hospital or in	rs., mos., or days	If foreign born, how long in U. S. A.?	yent•
a FULL NAME FTHE	EL WITTEN	Y THON	
(h) If veteran, name wat	3 (c) Social Security Account	20 DATE OF DEATH hovember 174 19 39.	At 4 0 M
	6 (a) Single, married, widowed, or divorced.	21. IHEREBY CERTIFY, That Itook charge of the remaind above, held an autoby thereon and from	the evidence
Nowa of husband or wife	6 c If alive, give age years	obtained by said anti-by find that said do her death on the day stated above.	lecedard carrie
7. Birth date of deceased (mo. d	ay, yr		Duration
8 AGE: Years Months D.	ays If less than one day	Immediate cause of death  Juantina (Harration	
57 9. Buthplace	Town, wunty, and state;	Due to Bastritio, abronic	
10. Usual Occupation	•	Due to	
12 Name		Other Conditions	PHYSICIAN
13 Bribplace		Major findings:	Underline the
14 Maiden Name 15 Birthplace	4	Of operations	death should be
16 (a) Informant		Of autopsy  22. If death was due to external causes, fill in the f	allowing
b Address		Accident, suicide, or homicide	
17 a	b Date thereof (month) (day) (year	Where did injury occur?	tyl (State)
Cemetery or crematory	MEDICAL SCHOOL MOVED 19	A CONTRACTOR OF THE PARTY OF TH	ork?
18 (a) Funeral director  (b) Address	Per H, A. Moore	Means of infiry	MI MI
10 (8)	Registrar	Date signed how 17th, 1979	
Date rec'd by registrar)			

#### E 00001

Address

(Date reed by registrar)

### N63384

M.D

	E OF DEATH Register No 63384
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address 230 & Bons 21	(c) City or town Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days)	3 Street No. 230 D. Bowl St. (If rural vive location)
(e) Length of stay in Baltimore (yis, mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 a FULL NAME Jours michael	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH
4. Sex 5. Observation 6 (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife 6 (c) If alive, give age years	above, held an (Autophy or Inquiry) obtained by said (Autophy or Inquiry) to death on the day stated above.
7. Birth date of deceased mo, day, yr	to death on the day stated above.
8 AGF: Years Months Days If less than one day	Immediate cause of death  Duration
9. Birthplace (Town_county_and state)  10. Usual Occupation  11. Industry or business  22. Name	Due to  Other Conditions
13 Birthplace	PHYSICIAN
14. Maiden Name 15. Birthplace	Major findings:  Of operations  Under line the action which death is under line to which death is under
16 (a) Informant	Of autopsy 65 above the ally
h Address	22. If death was due to external causes, fill in the following
17 (a) Date thereof (month) (day) (year)  Cemetery or crematory Location (month) (day) (year)	(a) Accident, suicide, or liomicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public place?  While at work?
18 (a) Funeral director	(Specify type of place)

Registrar

Date signed 11 23-39

63385

Libile

# CERTIFICATE OF DEATH

F 63385 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
I. PLACE OF DEATH:  a) Baltimore City, Maryland	(a) State Mid. (b) County	
	o State /// County	
	(c) City or town Sellimone	Al and give t was
c Hospital or institution:		The second second
	A x 730 Sartell Au	enue.
d Length of stay in hospital or inst. yrs., mos., or days)		
(c) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.	e If foreign born, how long in U. S. A.?	years
Length of stay in Daitimore Tyla, most, or they	n / /	
3 a FULL NAME MIN MON	Tadenstein CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	- 111
No.	20 DATE OF DEATH Travernaca 27 195	7. nt 07 M
4. Sex 5. Color or race 6 a Single, married, widowed, or	21. I certify that death ocurred on the date about the ed deceased from Suff 10 1937, to	ated, that lattend-
all & divorced follows	ed deceased from Surt 10 1937, to 10	1.11 19 57
emale Muce Fral F um Bodensten	and that I last saw h.A. alive on Wov. 20	19 3 7:
6 b) Name of husband or wife fart J. sam potenties	Immediate cause of death	Duration
28 4	Immediate cause of death Carcinoma of	1
7. Birth date of deceased mo, day, yr. april 15, 1881	Brain -	1 year.
8. AGE: Years Months Days   If less than one day	Due to	0
58 7 12 hr. min	· II ·	V
a Rushalus Mennelables Minn.	Due to Canver of Breast Coperation	1)
Oxford, county of the	Director Office Con	
10. Usual Occupation gausewife.	Other Conditions	
II Industry or business		PHYSICIAN
# 12. Name Laft. & E. Gryant.	(Include tregnan y within 3 months of death)	
E	Major findings:	t derin the
13. Birthplace Misson Up	Of operations	death he d be
# 14 Maiden Name Charle Callette	~	tirally
	Of autopsy	
16 a Informant Miss Sarla you Order	12. If death was due to external causes, fill in the	e ronowing.
	(a) Accident, suicide, or homicide	
Address 730 Bartell July 20/26	b Date of occurrence	
17 a Date thereof 11 July 31	r) c Where did injury occur?	County) (State)
(Buffiel, cremation, or removal)	d) Did injury occur about home, on farm, indust	nal place, in publi
(c) Cemetery or crematory	while at	work?
Location Edmonston Jugany 11	(Specify type of place)	1 81
18 a Funeral director Mary M. Miedefald	(e) Means of injury	Nhota.
(b) Address 22 2 4 Joseph Duem	23. Signature	M. D.
(b) Address & Co.	could be had she no	signe 107 28
19 (a) Date res d by registrar	Address & 21414 Grant	
NH 12 SAS THE TOWNS OF THE PARTY OF THE PART	53	

## CERTIFICATE OF DEATH

Registered No.3386

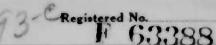
### F 63386

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	(a) State les (b) County Baltomore.
Street address	(c) City or town (if out the set town that write RURAL and give town)
Hospital or institution: St. agues I for Athal	(if out he are write RUKAL and give town)
6 km	Sweet to String ave
Length of stay in hospital or inst. Vrs., mos., or days	1-
e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
FULL NAME I toward framen Deering	
16 If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No	20. DATE OF DEATH /1- 28 - 1939, at 3.45 P.M.
Sex 5 Coley or race 6 or Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the remains described
Male thite divorced	above, held an auto without thereon and from the evidence
Name of husband or wife	obtained by said the trus of find that said deceased came
(a c) If alive, give age years	1 . (Autops or Inquity
7. Birth date of deseased (mo. day yr ) July 16, 1933	to, two death on the day stated above.
AGE: Years Months Days If If is than one day	Immediate cause of death  Duration
B AGE: Years Months Days If It's than one day hr. min.	Frechused Shull
7 11	Aus loth Jemus
9. Birthplace Maryland and tate	
10. Usual Occupation Level Student	D
11. Industry or busingss	Due to
	Other Carditions
12 Name Howard W. Deering	Other Conditions PHYSICIAN
13 Birthplace Ballo . Bed	(Include presenting) within an athset death
14 Maiden Name Frace A. Whom	Major findings: Underline the
15. Birthplace Gennsylvania	death she sld be
STATE O	Of autopsy from tically
16 (a) Interment Howard W Deering	
Addres Spring due, Helethorpe Med	Accident, suicide, or homicide Homicide?
Burkal Date thereof Dic. 1, 1939	Date of occurrence 11 - 28 - 39 (Halistoope
Harak eremation or removal & (month) (day) (year)	Where did mury occur) Balto to Mosting on 1847 Mes
(e) Cemetery or exemmory Lyuden Tark	(d) Did injury occur about home, on farm, industrial place, in public
Location Frederick the	place) Public beginning (While at work)
18 (a) Funeral director Harry H Withhe	(Sweets time of place of
4/1/07-	() Means of injurys 1
Address 4101 Claronston whi	23. Signature M.D. Medical Examiner
Registrar	23. Signature Medical Examiner  Date signed / / - 29 - 39 Medical Examiner

#### CERTIFICATE OF DEATH 122 Registered No. 13387 BALTIMORE CITY HEALTH DEPARTMENT

63387	CERTIFICATE		1 (10)	
		2. USUAL RESIDENCE OF DECEASED:		
PLACE OF DEATH:  Baltimore City, Maryland		a State Md b County		
M) Street address . Payette St	•	(c) City or town Baltime	rit RURAL	rd g ve town
Ban Grane Haspir	tal	Sent 1018 24 da	mbard	St
d Length of stay in hospital or inst. yrs.,	mos, or days 22 day	d Special 21 24 26	A.?	years
D. Islamana (ves. mins.	or days			
3 (a) FULL NAME Cames	Varrison	Valentine MEDICAL CERTI	FICATION	co.
3 b) It veteran, name war No.	Social Security Account	20 DATE OF DEATH Daw	281939.	at 7 am M
4. Sex 5. Color or race 6 a Sing divorced		21. I certify that death occurred on the	\$ 9 to //	28139.
Male White Marie	mmi ad	and that I last saw h smalive on	11-28 19	39.
		Immediate cause of death	netian	2 day
7. Birth dute of de ensed mo, day, vr II	ov. 12,1884.			2 day
55 16	hr min	Due to Strangulated be hernich	g injure	
9 Birthplace (T. wa, coll	intrandalata,	Due to a gangiene of	zepenun	
10 Usual Occupation archouse	0.0			
II. Industry or business  James H. Vale	entine	Other Conditions Ousnic nephritis Charles of the ment	h of death)	PHYSICIAN
		Major findings: Of operations See about	ue	icath 1 dil
13 Britiplace Pa • Unknown				harged stati
18.		Of autopsy see about 22. If death was due to external care	uses, fill in the fo	
16 a Informantirs . Matie	J. Valentine	(n) Accident, suicide, or homicide		
h Address 1018 W. LOM	thereoDec 1/39	(b) Date of occurrence		ntv) (State)
17 Burial cremation or removal	Bon (morth day) fyla	(c) Where did injury occur? (d) Did injury occur about home, o	n farm, industria	place, in pub
(c) Cemetery or crematory	mon / Si	place? (Specify type of place)	While at wo	rk)
Location Harry	1 H. huthe	(e) Means of injury	9 -08-16	ty
18 a Funeral director / William	londson Ave.	23. Signature	in coffe	M. D.
(6)	to Williamila. A	Address Bon Secours	Date at	gned /
White he dity revision?				

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	4 4
	(a) State PMI (b) County Balk	& Cales
	a) State V/10 (6) County	- 0
c) Hospital or institution:	(tfoot ide city or town Units, write Ktill)	I and give town)
	authoris 1465 Ne odlack	1
d Length of stay in hospital or inst. yrs., mos., or days	If rural give location	
E' s.	166 in how how loss in U.S.A.)	years
e) Length of stay in Baltimore (yrs., mos., or days) Lefe	(e) If foreign born, how long in U. S. A.?	, , , ,
FULL NAME WILL SAME		
Merel & Values	AMPLE I CONTINUE TION	
3 h If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	
No	20. DATE OF DEATH NOV. 28, 1939	MA QUET IN.
4. Sea 5 Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	
I a Mit -1 divorced.	ed deceased from Lept. 1936, to Kon	r- 28.1939
The state of the s	11-16	0.39
6 1 Name of husband or wife William K Vglun	ed and that I last saw her alive on 11-28	
6 c If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo, day, yr. (Mril 99, 1862	coronary Unonbores	2 Cm.
8 AGE: Years Months Days Pless than one day		0
17 6 99 hr. min.	Due to Chronic Myocardia	(
// 0) // IN.	Degeneration	397.
9 Birthplace Bull Mi	Due to	
( Tric county, and state)		
10. Usual Occupation	Other Conditions	
11. Industry or business	Chief Conditions	BUYSICIAN
12. Name Though Geisler	Include programmy within 3 months of death)	PHYSICIAN
E 4/	Major findings:	Underling the
= 13. Birthplace Il Mercury	Of operations.	death should be
# 14 Maiden Name augusta Smith		charged statis-
15. Birthplace Ilyn wust e	Of autopsy	tically
7	22. If death was due to external causes, fill in the	following
16 (a) Informant William C. & guings	(a) Accident, suicide, or homicide	
h) Address 1465 W MM and IV	b) Date of occurrence	
17 (a) Burnel 1 Date thereof Dec 2,139	c) Where did injury occur?	
Burial, cremation, or removal) (month) (day) (year	(City or town)	unty) (State)
(c) Cemetery or crematory below & State	(d) Did injury occur about home, on farm, industria	al place, in public
0 11 12	place? While at w	ork?
Location A. J.	(Specify type of place)	
18 a Funeral director A. B. Muldo bythos	(e) Means of injury	
b) Address /400-30 1. 5 Marko 15	23. Signature	M. D.
19 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address ) 07 E. Fort two. Dates	igned /1-29-3
the to Mabriel trate	Address / V	



. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) State Md. (b) County	
b) Street address 3301 Mc Elderry St.	City or town Balto.	
c) Hospital or institution:	(c) City or town Balto. (If outside city or town limits, write RURAL a	and give town)
26	of Street No. 3301 Mc Elderry	25
d Length of stay in hospital or inst. (yrs., mos., or days)	If rural give location	
Length of stay in Baltimore yrs., mos., or days	(e) If foreign born, how long in U. S. A.) 30 yrs	years
Agnes Novak		
b) If veteran, name war  3 c Social Security Acco	MEDICAL CERTIFICATION  20. DATE OF DEATH / 27 1934.	at 2 A. M
Sex 5. Color or race 6 (a) Single, married, widowed divorced. widow	ed deceased from NN 23 1937, to No 21	1939.
(b) Name of husband or wife Stanley Novak(de	CES section I last saw her alive on No 1 27 19	19.
	cars 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Duration
Birth date of deceased (mo., day, yr.) Feb 17.1888	Cerebral remarkage 100 26 1939	DAY.
AGE: Years Months Days If less than one day		
63 0 30	min. Due to arterioreleros.	7-A11
Birthplace Czeckoslovakia	Due to	
O. Usual Occupation Business	Due to	
O. Usual Occupation DUSTITESS  11. Industry or business Grocery	Other Conditions	
	- Chief Conditions	PHYSICIAN
12. Name Unknown	(Include pregnancy within a months of death)	PHYSICIAN
13. Birthplace	Major findings: Of operations	t' derline the
		death should be
	Of autopsy	harg d tatis-
15. Birthplace	22. If death was due to external causes, fill in the follo	
6 (a) Informant John Novak (son)	(a) Accident, suicide, or homicide	
(h) Address 3301 Nc Elderry St.	(a) Accident, suicide, or nomicide (b) Date of occurrence	
17 (a) Buriel (remail) (b) Date thereof 11/30/39 (month) (day) (s)	(c) Where did injury occur?	
	TOTAL TOTAL	
(c) Cemetery or crematory Cak Hill Cem.	(d) Did injury occur about home, on farm, industrial pl	
Location Horners Lane	place? While at work?	
18 (a) Funeral directo Pharles E. Schimunek.	(e) Means of injury	
(b) Address 2601-03 E. Madison St	2 comes 7 Esvenson	
19 (0) 412 (0.0 10010)	Address 33 28 M Edwy & Date signe	a/1/27/39
Mantho difference to Milliantes	Address // Date signe	1 1
NO. 6		

### HEALTH DEPARTMENT-CITY OF BALTIMORE M. D. B 1268-0

CERTIFICATE OF DEATH Registered No. (If death occurred a hospital or institution CITY OF BALTIMORE: (No. 2205 N. Pratt St. of atreet and number.) of street and length of residence is city or town where death occurred 5 yrs. ds. How long in U. S. If of foreign birth? yrs. Mary Elizabeth 2. FULL NAME (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended deceased from 5. Single, Married, Widowed. or Divorced (write the word) 4. Color or Race 1934. to November 29 3. SEX I last saw h. & alive on North 22 1937. Death is sai Widnes Wh revale 5a. If married, widowed, or divorced to have occurred on the date stated above, at . 6 : 451m. HUSBAND of (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) If LESS than Months 1 day. ...hra. Years 7. AGE or .min. 79 a. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc. 003 9. Industry or business in which work was done, as silk mill of Other contributory causes of importance: 11. Total time (years) 59 nav mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) occupation come o Com 12. BIRTHPLACE (elty or town) (State or country) Was there an autopay ? . . . Name of operation. 23. If death was due to external causes (violence) fill in also the 13. NAME 14. BIRTHPLACE (city ... Date of injury. Accident, suicide, or homicide? (State or country) Where did injury occur: (Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in put 15. MAIDEN NAME 16. HIRTHPLACE (city of (State or country) place IT. INFORMANT Manner of injury 193 Nature of injury 18. BURIAL, CREMATION, OR REMOVAL (Aldress) 24. Was disease or injury in any way related to occupation of decease Piere medon II so, specify North Luce 19. UNDERTAKER ique (Address)

Registrar.

# Mathews BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3 F GF 351 Registered No.

CERTIFICATE	OF DEATHY !	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  a) Baltimere City, Maryland	(a) State Mar (b) County	
b) Street address c) Hospital or institution:	(d) Street No. 7	and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13dg 2	(e) If foreign born, how long in U. S. A.?	yeare
3 (a) FULL NAME  3 (b) If veteran, name way  No. Mohe	MEDICAL CERTIFICATION  20. DATE OF DEATH 200: 29	at 332 A
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from Mov-16. 1939, to Mov. and that I last saw him alive on Mov 29. 19	Control of the Contro
Male White Weller Mathews		Duration
6 (c) If alive, give age years	Immediate .anse of death  (Verses	34400.
7. Birth date of deceased (mo., day, yr.) ]-16-76  8. AGE: Years Months Days If less than one day  10 13 hr. min.	Due to arferiosclerotse suphrite	
9. Birthplace md. (Town numby, und state Good	Due to	
10. Usual Occupation Princes	Other Conditions	PHYSICIAN
11. Industry or business 12. Name William, mathews 13. Birthplace	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the cause to which death should be
14. Maiden Name Princifle Johnson		charged statis-
14. Maiden Name	Of autopsy	following:
16 (a) Informant	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide	
(b) Address 12/1/20	(b) Date of occurrence	
17 (a) Comova (b) Date thereof (month) (vea	Diliminary occur about home, on farm, industri	ial place, in public
(c) Cemetery or cremetory moke med	place? (Specify type of place)	OTE
18 (a) Funeral director Walleans Cort	(e) Means of injury  23. Signature O. E. Iroland	11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(b) Address	Address John Hydra Nogla Date	signea"

# CERTIFICATE OF DEATH OF BATHOUT B REGISTERED No.

	2. USUAL RESIDENCE OF DECEASED:	-
PLACE OF DEATH:  Baltimore City, Maryland	(a) State had (b) County Ballas	noce
(6) Street address (c) Hospital or institution:  St Josephs Hospital 4.	C. City or town (If outside city or town limits, write RURAL (d) Street No. 1707	, and give town)
d Length of stay in hospital of inst. yra,	(e) It foreign born, how long in U. S. A.?	yenis
3 a FULL NAME JOHN HENRY	ZINKHAN (Zinke	
3 (b) If veteran, name war No. 217-03-300	5 20. DATE OF DEATH homender 24 1939	nat 7 2M
4. Sex 5. Color or race 6 a) Single, married, widowed, or divorced devorced	above, held an thereon and tro	III file evidence
6 (b) Name of husband or wife 1 ary Clary ( 1-5 Tee) 6 (c) It alive, give age 4.8 years	obtained by said find that said	deceased came
1 1 1 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1.4	Duration
8 AGE: Years Months Jays	Culturally.	
9 Birthplace (Town, enenty, and state)	Due to	
10. Usual Occupation the she Coust. Co	Due to	
12. Name Vohn 7. 17. Co. 177d	Other Conditions  (Include pregnancy within 3 month of death)	PHYSICIAN
Managret Fager	Major findings:  Of operations	Underline the entire to which death should be
	Of autopsy	charg I statis-
16 (a) laterman Mrs Marge . I Pider.  16 (a) laterman Mrs Marge . I Pider.  16 (a) laterman Mrs Micholas Are  17/39	. 22. If death was due to external causes, fill in the	following:
17 Date thereof (month) (day) (yet	(a) Accident, suicide, or homicide  (b) Date of occurrence	
Cemetery or crematory fairs Memorial L.	Did mury occur about home, on farm, industri	nal place in public
Location Starter J. P. 24 See.	place? (Specify type of place)	rosk?
18 (a) Funeral director And Gue	23. Signature 29. (23. Mention) Exam	M.D.
19 10 mld of the maistrar	Date signed Nov. 29, 739	

63393

# CERTIFICATE OF DEATH

F 63393

Registered No.....

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Marylanab) County	
b) Street address 4633 Kernwood Ave.	(c) City or town Baltimore. (If outside city or town limits, write RURAL	and give town)
211	d) Street No. 4333 Kernwood Ave	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
e) Length of stay in Baltimore lyrs., inos., or days,	laer	
a FULL NAME Caroline Franklin Van Gi	MEDICAL CERTIFICATION	
3 (b) If veteran, name war  Jo  No. , sul	20 DATE OF DEATH MOV 27 1939	at 3 am
4. Sex F 5. Color or race 6 (a) Single, married, widowed, or divorced. SINGLE	21. I certify that death occurred on the date above states ed deceased from Self 26 19 37, to Most and that I last saw h /2 alive on 76 47 19	~
6 b Name of husband or wife years years	Immediate cause of death	Duration
O C II anve, give an	tumber in Treumonia	6453
7. Birth date of deceased mo., day, yr. May 28, 1849	11 / 7	07770
8. AGE: Years Months Days If less than one day hr. min.	Due to Larl rio Selero.	
	Due to ment of Exhauston	
9. Birthplace Goshen, N. J. (Town, county, and state)	Due to	
10. Usual Occupation At Home	Other Conditions	
11. Industry or business		PHYSICIAN
Warren Van Gilder	(Include pregnancy within 3 months of death)	Underline th
	Major findings:	cause to which
13. Birthplace	Of operations.	leath should b
Enily Cameron  Enily Cameron  Dhiladelphia Pa.	10	themlly.
14. Maiden Name Philadelphia, Pa.	22. If death was due to external causes, fill in the f	ollowing:
Mac Faily C Indlam	22. If death was due to external cause	
A222 Vernwood Ave.	(a) Accident, suicide, or homicide	
Nov 3	1 339 Date of occurrence	
DULLOL (b) Date thereof	r) (c) Where did injury occur? (City or town) (Con	unty) (State)
(Burial, cremation, or removal)	Id Did injury occur about home, on farm, industria	i place, in pho
Cemetery of crement	While at We	DYK?
Location W CAN DER & SON INC	(Specify type of prace)	
18 (a) Funeral director 1 timore & Froadway	(e) Means of imury	noch
b Address	23. Signature	M. D
199 0 1020 Tikhington Hilliams Revision	Address / THOE / JULIO Poste .	ingried .

63394 HEALTH DEPARTMENT	CITY OF BALTIMORE OF
	E OF DEATH / 15"
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. 364 - Marydell	( OPG', ) Ward)  n hospital or institution, give its NAME instead of street and number.)
Level of residence in city or town where death occurred yrs	mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Jul Catherine	ramar
(n) Residence No. 364- Maryhell (Usual place of alytho)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. STX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Nov. 29, 1939
Female White Single	July 10 . 1939 to Nov. 29 1139
5a. If married, widowed, or divoiced HI SBAND of (or) WIFE of	I hast Ow h. Junive on Nov. 28 19 39 Death is sale to have occurred on the date stated above, at 12.0 5m.
6 DATE OF BIRTH (month, day, year) January 2, 1939	The principal cause of death and related causes of
7 AGI Years Mosths Days If LESS than I day, hrs.	Importance were as follows:
10 27 or min.	Alrophic Contra y Live
8 Trade preference of particular   None   None	Conquital assence of
9 Industry or business in which wars was done, as silk mill,	Ball Bladde
saw mill, bank, et 11. Total time (years) 10. Date deceased last worked at this cupation mouth and occupation	Other contributory causes of importances
12 BIRTHPLACE (dty or town) Bultimore, Md.	Asciles
# 13. NAME Howard P. Erdman.	Name of operation Laparolomy Date of 7/36/3
BIRTHPLACE (city or town) Baltimore,	What there is notice of the
(State or Sountry) Maryland	23. If do th was doe to external cue (violence) fill in his the to
E 18 MAIDEN NAME Eve May Shouts	Accident, Sicide, or homiside Date of injury . 19
16. BIRTHPLACE (cly or town) Enlimore,	Where did injury occur? (Specify of the count, and late) Specify whether injury occurred in industry, home, or in publ
17. INFORMANT Mr. Howard F. Erdman	place
Address) 364 Marydell Road	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL.	
Place Parkwood Cemetery Date Dec. 2, 1039	24. Was d sease or injury in any way related to occupation of decease
18. UNDERTAKER Wm. J. Tickmer Sons, Inc.	(Signed) # 209- Fuderul a
Address North Penns Avenues	(Signed) S. O. N. O. M.
212 (11 D) J 59 . 19. Registrar.	(Address) 4209- Fudurum

Registrar.

1. PLACE OF DEATH:

3 a FULL NAME P

4. Sex

(a) Baltimore City, Maryland

Years Months

16 in Informant Henry Sch

11. Industry or business

12. Name

13 Birth place

15 Birtl place

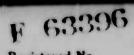
h Address

e Hospital or institution:

17 9		b Date thereof	11 26 34
	I rial cremation, or ren	C	Imonth) (day 1/15.
(e)	Cemetery or cremator	y Londo	~ Parkler
	Location	7 0 2 0	,
18 10	Funeral director	Schloman 39 Haure	rson
014	Address 10.	39 Hauve	rst.
14 Va	30 1939	,)	
	Alles were die vergutrer		Registrar

(Specify type of place) 23. Signature Wilson K. Lallager.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	a State Med (b) County	
0 1 + 1 + 1		
b) Street address.	c) City or town  If out ide city or town limits, write RURA	I and give town i
University Nog.		
	d Street No. 2103 aurupolis (	a.
d Length of stay in hospital or inst. (yrs., mos., or days)		
Length of stay in Baltimore yra, mos., or days	(1) If foreign born, how long in U. S. A.?	year•
3 (a) FULL NAME Charles & Was Clar		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH Nov. 79 193	1. at 10.3 1M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	ted; that lattend-
many what divorced.	ed deceased from No - 2 193, to No	· . 1 193 , .
	and that I last saw h 1/4 alive on N:	931.
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death Conduct foilly.	4 Duration
7. Birth date of deceased (mo., day, yr.) Oct 6, 193 9  8. ACE: Years Months Days If less than one day		
	Due to Ma but tun to	
	deline to the	
9. Birthplace (Lown, county, and state)	Due to	avre
10. Usual Occupation 11. Industry or business	Other Conditions	
# 12. Name Steph Windling		PHYSICIAN
H 12. Name	(Include programmy within a months of death)  Major findings:	Underline the
E 13 Birthplace 13 40	Of operations	cause to which
H 14 Maiden Name Many 2. within		death hould be
E Walter Paris	Of autopsy	tically
15. Birthplace Mary Wondling	22. If death was due to external causes, fill in the	following:
16 a Informant 2/03/2	(a) Accident, suicide, or homicide	
	b Date of occurrence	
17 a Burial b Date thereof 1 (day) (very	c Where did injury occur?	unty) (State)
(c) Cemetery or crematory Mt Olivet	d Did injury occur about home, on farm, industria	
Location Baltimore Md	while at we	
Location Daving	Samuel to the set of 10 later 1	
18 (a) Funeral director 7 Kernon Keehner	e) Means of injury	1222
6) Address 230/ Edmondson ave	23. Signature Many By Week	M. D.
NOV 3 0. 1939 Contington Williams, 119	Address Mus Hop. 121 to Date &	igned II 1-x

1. PLACE OF DEATH:

(b) Street address.

VS 6

		The state of the s	F 633	97
397	BALTIMORE CITY HEAL CERTIFICATE	OI DE V	Registered No.	
	2	. USUAL RESIDENCE OF DECEASE	Belline	an .
PLACE OF DEATH: Baltimore City, Maryland			Le River	
Street address Hospital or institution Wohling	Angetal	c) City or town (If outside city or town (If outside city or town (If outside city or town))	Chorse ac	~
Length of stay in hospital or inst. (yra.	, mos , or days	(e) If foreign born, how long in	U. S. A.?	year•
Length of stay in Baltimore (yrs., mos	1/0.00	,	TION	4450
a FULL NAME frankli	Social Security Account	11 000	certification also 28 1939.	
I If veteran, name was		20. DATE OF DEATH 2.1. IHEREBY CERTIFY, That	Jook charge of the remi	the evidence
4. Sex 5. Color or race 6 a Sin divorced	ngle, married, widowed, or	above, held an Mutopsy ording	find that said d	
6 b Name of husband or wile	alive, give age years	obtained by said (Autops) or I	ated above	
6 (c) 11	nov. 27-33			Duration
7. Birth date of deceased mo, day, yr.) 8. AGE: Years Months Days	If less than one day	Immediate cause of death	Spean	
8 AGE: Tears	hr min	01 -	emaral 1 the	an .
a Righplace asset	Bet Co	Due to Operation of	1 of respection 1	-
9 Birthplace Twn.	ounty, and state)	Due to while		
10. Usual Occupation		1 entrycles	al derua	
11 Industry or bus ness	1 storner	Other Conditions Cerub	rot live	PHYSICIAN
11 Industry or business Charles Charles	and.	tinelule pregrancy with	r " menth of death	Underline th
# ve Chabolace / Not	11 11.	Major findings		carrier to white
14 Maiden Name n, Oto	- Money	Of operations		death should b
15. Birthplace Butto	too.	-		tically
15. Birthplace	to	Of autopsy  22. If death was due to ext	ternal causes, fill in the	following
16 (a) Informani	River	9 Accident, suicide, or h	nomicide / Laude	et .
Address middle	2-10-3	9 (a) Accident, suicide,	11/27/39	- Low
17 a Burial or removal	Date thereof (month) (day) (yes	Accident, sand	ir? County - wn)	ounty) (State
Cemetery or crematory	Parkerille	d Did injury occur about		vork? ho
Location June	9. Comelly	place? (Specify type	truck by ant	Ger N
18 a Funeral director Thm	and.	23. Signature	gullen (xan	niner
Address Com	tustor Williams	Date signed ///2	738	

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63398

CERTIFICAT	OF DEATH X / 10
1. PLACE OF DEATH Since A of the	Ward)  Ward)  Ward)  Ward)  Ward  Wa
Length of residence in city or town where death occurred yra.	mon da. How long in U. S. If of foreign birth?
he are frederick	perity WAR
(a) Residence: No. SPARROW & Pol	MT St. Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. Single, Married, Widowed, or Divorced (write the word)  FRAFIE  ALHITE  BRRICD	21. DATE OF DEATH (month, day, year)  22. I HEREBY CERTIFY, That I attended deceased from 3.9
	Sept. /6 1939, to hov- 26 1939.  I last naw he Y alive on hov. 28, 1939 Death in said
(or) WIFE of LOUIS FALLET	to have occurred on the date stated above, at 5:30 fm.
6. DATE OF BIRTH (month, day, year) FEBZJ -1904	The principal cause of death and related causes of importance warg as follows:
7. AGE Years Months Days If LESS than 1 day, hrs.	Scheroderma
1 s Trade profession, or particular	principal efficient month
kind of work done, as spinner.  sawyer, buckkeeper, etc.  5. Industry or business in which work was done, as silk milt, asw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	Other contributory came of imperatures  Brancho June
12 BIRTHPLACE (city or town) Junior form	Was an operation performed? Date of
(State or country)	For what disease or lojery?
14. BIRTHPLACE (city or town)	What test confirmed dia nosis? Was there an autopay " Yes
14. BIRTHPLACE (city or town) fa:	What test confirmed dia house  23. If death was due to external causes (violence) fill in also the fol- iowing: Accident, suicide, or homicide?  Date of injury
13. MAIDEN NAME many James	Where did Injury occur?
State or country)	Specify whether injury occurred in industry, in home, or in public
15. INFORMANT Totales Frederick	place
18. BURIAL. CRUATION OF REMOVAL	Manner of Injury
Dake Lawy Date Dec!	Nature of injury in any way related to occupation of deceased?
19. UNDERTAKER John S. Cornelly	A. Wefelel M. D.
Andrew Harris H. D.	(Signed) Junio Hospital
NOV30 1930 Thinting or Trucker Market	Bato '
111	

### CERTIFICATE OF DEATH



F 63399 Registered No.

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 124 England Account.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days  (e) Length of stay in Baltimore (yrs., mos., or days) 2 22  3 a) FULL NAME	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) Qity or town  (If outside city or town limits, write RURAL and give town)  (d) Street No 35.5 Keystone  (If rural give location)  (e) If foreign born, how long in U. S. A.? years		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Howender 29 1939, at	11º5AM	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife Katala.	21. I certify that death occurred on the date above stated; the deceased from how. 21 19 39, to how. 29 and that I last saw how alive on how. 29 19 39	9 1939	
7. Birth date of deceased (mo., day, yr.) Pob., 15, 1870  8. AGE: Years Months Days If less than one day  17 hr. min.  9. Birthplace Date.  (Town, county, and state)	Due to	Duration 2 weeks	
11. Industry or business  12. Name Mas Hamilton (d)  13. Birthplace	Major findings:  Of operations	PHYSICIAN tinderline the ause to which eath should be	
14. Maiden Name Angoline ? (d) 15. Birthplace Md.	Of autopey but done the	harged statis- ically.	
16 (a) Informant  (b) Address  17 (a) Burial (b) Date thereo See (193)  (Burial, eremation, or removal) (month) (day) (year)  (c) Cemetery or compatory  Location  18 (a) Funeral director  (b) Address 36/5-/7 (C)  19 (a) Date and do received  Registrar	22. If death was due to external causes, fill in the follow  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place)  (Specify type of place)  (e) Means of injury  23. Signature  Address  Address  Address  Date signed	(State) ce, in public	

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63400

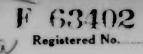
CERTIFICATE OF DEATH Registered No..... (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. 6000 Bellons Avenue Length of residence in city or town where death occurred 40yrs. mos. .....ds. How long in U. S. H of foreign birth?......yrs...... 2. FULL NAME MUS. 7. ( (Fannie C. Arnett) specify WAR (a) Residence: No. 2609 Elsinor Avenue St., Ward. (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 707.29 5. Single, Married, Widowed. or Divorced (write the word) widowed 4. Color or Race I HEREHY CERTIFY. That I attended deceased from 2. SEX . 1939 to NOV 29 white female Unst saw h. H silve on Nov 27 1339 Death is said 5a. If married, widowed, or divorced HISBAND of Rev. Charles S. Arnett to have occurred on the date stated above, 1.12. 6. DATE OF BIRTH (month, day, year) Jan. 6, 1853 The principal cause of death and related causes of If LESS than Days Months reno ende T. AGE Years 1 day .....hrs. 86 10 .min. 8. Trade profession, or particular housewife kind of work done, as apinner, nawyer, bookkeeper, etc. 9. Industry or husiness in which retired work was done, as silk mill, nuw mill, bank, etc. 11. Total time (years)
spent in this 10. Date decenned last worked at this occupation (month and occupation 12. HIRTHPLACE (city or town) England Dote of Was on operation performed? -(State or country) For what disease or injury? 13 NAME Rev. Benj. Whillock Name of operation Was there an autopsy What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town). (tate or count ) England Accident, suicide, or homicide?..... ... Date of injury.... 15 MAIDEN NAME Sarah A. Cookson Where did Injury ereur?..... - (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public 16. BIETHPLACE (elty or town) England tate or country) 11 INFORMANT Margaret L. Robinson place Address 2609 Elsinor Avenue Manner of injury. IS, BURIAL, TREMATION, OR REMOVAL Nature of injury Place Baltimore Cemity Date Dec. 1. se or injury in any way related to occupation of deceased? If we specify 19. UNDERTAKE: Gofon 0. FILED

# CERTIFICATE OF DEATH

F 63401

13 50447 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) Baltimore City, Maryland (c) City or town But the City or town limits, write RURAL and give town) (c) Hospital or institution: d Street No. 437 M. Control Avenue To a serie C. - I I compare to a series d'Length of stay in hospital or inst. (yrs., mos., or days) & d (e) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME MEDICAL CERTIFICATION 20. DATE OF DEATH 11 - 29 1939, at \$3 A. M 3 (e) Social Security Account 3 (b) If veteran, name war 5. Color or race | 6 (a) Single, married, widowed, or 4. Sex divorced. Mirled female Colored and that I last saw him alive on 11 - 24 1934 Buratian 6 b Name of husband or wife 6 c) If alive, give age Carcinones Ceft pour Oct. 7. Birth date of deceased mo., day, yr. If less than one day Months Years Due to min. 9. Birthplace (Town, county, and state) 10. Usual Occupation Other Conditions II. Industry or business PHYSICIAN (Include programcy within 3 months of death) 12. Name Januar Carlor Underline the Major findings: cause to which Of operations none 13 Birthplace W. C. death sho ld he charged statis-14. Maiden Name No Of autopsy 22. If death was due to external causes, fill in the following: MA. 15. Birthplace Records (a) Accident, suicide, or homicide 16 (a) Informant (b) Date of occurrence (b) Address (c) Where did injury occur? (County) nonth) (day) (year) (City or town) (d) Did injury occur about home, on farm, industrial place, in public (Burial, remation, or removal) While at work? (c) Cemetery or commeter (Specify type of place) Location (A 18 a Funeral director b) Address 7/6 /4

# CERTIFICATE OF DEATH



	V ±	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	111
Baltimore City, Maryland	(a) State (b) County	
(b) Street address 2405 F. Hoffman St	Bulgar town	
C Hospital or institution	(If outside city or town limits, write RURA	
4	1 Street No. 2405 1. Homas	
d Length of stay in hospital or inst. yrs, mos, or days	(If rural give location)	7.
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
		1
3 (a) FULL NAME mus Rosa bon Greele	ALERSON CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH MOV. 28-193919	11 458
No.		
4. Sex 5. Color or race 6 (1) Single, married, widgwed, or	21. IHEREBY CERTIFY, That I took charge of the re	mains described
Female White divorced married	above, held an Apper of Inquiry thereon and from	
6 (b) Name of hand or wife Raymond . I don Dreele	obtained by said had and that said	deceased came
6 If alive, give age years	(Marila) or indant,	
	to lur death on the day stated above.	
7. Birth date of deceased nio, day, vt. 6 26 - 1891  8. ACF. Years Months Days If less than one day	Immediate cause of death	Durstion
C. Aut	appropriation	-
4-8 1 W hr min	V	
9. Birthplace Ballo. md.	Due to Illumenting Bos.	-
Town, county, and tate)		
10. Usual Occupation . Incum	Due to	
11 Industry or business		-
= 12 Name Joseph amshew	Other Conditions	
12. Name Joseph amshein 13. Birthplace Germany	(In lude pregnancy within 3 months of death	PHYSICIAN
a d d	Major findings:	Underline the
14 Maiden Name Mot. / Known	Of operations	enuse to which
5 15 Birthplace 4 11		death should be charged statis-
16 (1) Informant Rugmond F. Non Dreele	Of autopsy how	tically
(b) Address 2405 E. It of brane St.	22. If death was due to external causes, fill in the	following:
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17 a Berrial b Date thereof Dec1-1939	11 Date of occurrence 11 - 28 - 39	
	Where did injury occur? 2403 2, Vot	fran
Cemetery or crematory Itoly Redesmer Com.	(City or town) (Chi or town) (City or town)	
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18 (a) Funeral director of tenny of track + Sous hu		atricking says
(b) Address 1301 C. Eager St.	Means of injury betaches gap- mose	June June 1
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No. 2/2-09-900 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Married at divorced.  Married at deceased from Mr. 1999, to Mr. 1974, and that I attended deceased from Mr. 1999, to Mr. 1974, and that I last saw h I walive on his 1974, and that I last saw h I walive on his 1974.  8. AGE: Years Months Days If less than one day h I min.  9. Birthplace Baltimae Ind.  10. Usual Occupation Plumbers Belais Resolutions Recordery American II. Industry or business Mr. Melvin Belais Resolutions Recordery American III. Industry or business Mr. Melvin Belais Resolutions Recordery American III. Industry or business Mr. Melvin Belais Resolutions Recordery American III. Industry or business Mr. Melvin Belais Resolutions Recordery American III. Industry or business Mr. Melvin Belais Resolutions Recordery American III. Industry or business Mr. Melvin Belais Resolutions Recordery American III. Industry or business Mr. Melvin Belais Resolutions Recordery Within 8 mosths of death)  12. Name Charles Fisher Mr. Melvin Belais Resolutions Recordery Within 8 mosths of death)  13. Birthplace Baltimar Mr. Melvin Belais Resolutions Recordery Within 8 mosths of death)  14. Maiden Name Fisher Belais Resolutions Recordery Within 8 mosths of death)  15. Birthplace Baltimar Mr. Melvin Belais Resolutions Recordery Within 8 mosths of death)  16. (a) Informant Mr. A. Ellis Mr. Melvin Recorder Statistically.  22. If death was due to external causes, fill in the following:  (b) Date of occurrence		
(c) Street address (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in baltimore (yrs. mos., or days) (f) Length of stay in baltimore (yrs. mos., or days) (g) Length of stay in baltimore (yrs. mos., or days) (g) Length of stay in baltimore (yrs. mos., or days) (g) Length of stay in baltimore (yrs. mos., or days) (g) If foreign born, how long in U. S. A.)  MEDICAL CERTIFICATION 20. DATE OF DEATH  21. Lecrity that death occurred on the date above stated; that I attended deceased from MT/. (9 39. at 39 M 21. Lecrity that death occurred on the date above stated; that I attended deceased from MT/. (9 1929., to MT/.) 1929.  And that I last saw h. Da alive on MT/. (9 1929., to MT/.) 1929.  Birthplace  3 (a) It leas than one day  4 (b) 3 haddress  4 (c) Limit of the conditions of the date above stated; that I attended deceased from MT/. (9 1929., to MT/.) 1929.  Birthplace  4 (c) Limit of the conditions of the date above stated; that I attended deceased from MT/. (9 1929., to MT/.) 1929.  Birthplace  4 (c) Limit of deceased from MT/. (9 1929., to MT/.) 1929.  Birthplace  5 (c) Limit of deceased from MT/. (9 1929., to MT/.) 1929.  Birthplace  6 (a) Informant MT/. (10 1920.) 10 June 10		2. USUAL RESIDENCE OF DECEASED:
(c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Hospital of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)	(a) Baltimore City, Maryland  1302 911:00 St	a State Mil (b) County
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3 (a) FULL NAME  3 (b) If veteran, name war  No. 2/7 - 9-900  4. Sex  5. Color or race  6 (a) Single, married, widowed, or  6 (b) Name of husband or wife fillers M. Daylor  6 (c) If alive, give age 4/0 years  7. Birth date of decensed (mo. day, yr 1 m. 20.1 8 8 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(d) Length of stay in hospital or inst. (yrs., mos., or days)	The state of the s
3 (c) Social Security Account  No. 17 - 09-180  4. Sex 5. Color or race of (a) Single, married, widowed, or divorced.  Marries of divorced.  Marries of (b) Name of husband or wife files. H. Jaylor of (c) It alive, give age 40 years  7. Birth date of decensed (mo. day, yr.)  8. AGE: Years Months Days If less than one day  H. Due to Due to  10. Usual Occupation Plunishes My Melvin Belain Ref.  13. Birthplace Baltimas Burkers  14. Maiden Name First Belain Ref.  15. Birthplace Baltimas Burkers  16. (a) Informant Mar.  16. (a) Informant Mar.  16. (b) Date thereof there 3 9 (1987)  (b) Address 3 3 2 (b) Date thereof there 3 9 (1987)  (c) Cemetery or crematory are aligned to the control of the place of occurrence (c) Where did injury occur about home, on farm, industrial place, in public location and control of the place)  (c) Cemetery or crematory are aligned the control of the place)  (d) Did injury occur about home, on farm, industrial place, in public location and control of the place)  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address (g) Means of injury  (g) Me	(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
No. 27 - 9-800  4. Sex   5. Color or race   6 (a) Single, married, widowed, or widowed, or wife   1	3 (a) FULL NAME Carl Erike	Reed)
4. Sex  5. Color or race divorced.  Married, widowed, or divorced.  Married, Married, widowed, or divorced.  Married, Married, William Married, widowed, or divorced.  Married, Married, William Married, widowed, or divorced.  Married deceased from Mr. 9, 1979, 10 Mr. 1979, and that I last saw h Da alive on hor or 1931.  Immediate cause of death  Married or deceased from Mr. 9, 1934, and that I last saw h Da alive on hor or 1931.  Immediate cause of death  Married or deceased from Mr. 9, 1934, and that I last saw h Da alive on hor or 1931.  Immediate cause of death  Married or deceased from Mr. 9, 1934, and that I last saw h Da alive on hor or 1931.  Immediate cause of death  Married or deceased from Mr. 9, 1934, and that I last saw h Da alive on hor or 1931.  Immediate cause of death  Married Orders of Conditions Recurding Country  PHYSICIAN  Major findings:  Of operations  14. Maiden Name of Date thereof Mr. 30173  (Married pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur occur of City or town) (Country) (States)  (c) Cemetery or crematory or crematory or common of the death of the place)  (c) Cemetery or crematory or crematory or crematory or crematory or crematory or crematory or country (Country) (States)  (c) Did injury occur about home, on farm, industrial place, in public Location or crematory o	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
21. Icertify that death occurred on the date above stated; that lattended deceased from MY. (9) 1979, to Mr. 1979, and that I last saw h I x alive on the state of the live, give age 40 years of let live age 40 years of limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely and that I last saw h I x alive on here is a limetely of limetely of last on here is a limetely of limetely of last on here. In the cause of death is a limetely of limete		20. DATE OF DEATH Nov. 281. 1939, at 3,0 M
ed deceased from M. 1979, to Mr. N. 1974, and that I last saw h Du alive on her N. 1931.  Immediate cause of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day h r. min.  9. Birthplace Dalling and Male of Due to  10. Usual Occupation Plants of Male Due to  11. Industry or business Mg. Melvin Belair And Other Conditions Recording Green to which death should be charged statistically.  12. Name Charles of Male Due to  14. Maiden Name From Burney Male Major findings:  15. Birthplace Balting M. Male Name From Burney Male Major findings:  16. (a) Informant Mag. File Male Male Male Male Male Male Male Ma		21. I certify that death occurred on the date above stated; that I attend-
6 (c) If alive, give age of years  7. Birth date of deceased mo., day, yr.  8. AGE: Years Months Days If less than one day  4 6 7 8 hr. min.  9. Birthplace Dathing at Town, county, and state)  10. Usual Occupation Purification  11. Industry or business My Melvin Belair Adother Conditions Recordery Greene   12. Name Address Barthing Male Conditions Recordery Greene   14. Maiden Name Farma Barthing Male Of operations  15. Birthplace Batting Male Of autopsy  16. (a) Informant Ma, following (in Accident, suicide, or homicide  16. (a) Informant Man, following: (b) Date thereof Mer. 30 175 (in autopsy)  17. (a) Larrier (b) Date thereof Mer. 30 175 (in autopsy)  18. (a) Accident, suicide, or homicide  19. (b) Date of occurrence (c) Where did injury occur?  (c) Where did injury occur (c) User town) (County) (State)  18. (a) Funeral director Conditions Recorder of death Male Recorded Town) (County) (State)  19. (a) Accident, suicide, or homicide  (b) Date of occurrence (c) Where did injury occur?  (c) Where did injury occur (c) While at work?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (Mans of injury (Specify type of place)  (Especify type of place)  (B) Address 9 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	male while married	ed deceased from Mry. 10, 1999, to Mr. 38 1934.
7. Birth date of deceased mo, day, yr.  8. AGE: Years Months Days If less than one day  hr. min.  9. Birthplace Balling of May Months  10. Usual Occupation  11. Industry or business Ma. Melvin Belais for Other Conditions Recordary American  11. Name Alarius Fills  12. Name Alarius Fills  13. Birthplace Balling May  15. Birthplace Balling May  16. (a) Informant May Fells M. Mills  16. (a) Informant May Fells M. Mills  16. (b) Address 3 3 2 Mills  (b) Date thereof May 3 0 175 (b) Date of occurrence  (c) Where did injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  (d) Means of injury  2. Means of injury  (e) Means of injury  2. Mille at work)  Mayor findings:  (b) Date of occurrence  (c) Where did injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  (d) Address 2 4 Exercise May 23. Signature  (e) Means of injury  2. Means of injury  2. Mayor M		
8. AGE: Years Months Days If less than one day 40 8 hr. min.  9. Birthplace Balling at Mal  10. Usual Occupation Plumbert  11. Industry or business Ma. Melvin Belair Ref Other Conditions Accordancy America  12. Name Charles Like  13. Birthplace Balling at Mal  14. Maiden Name Living Belair Ref Other Conditions Accordancy America  15. Birthplace Balling at Mal  16. (a) Informant Mas, teller M. Like (b) Address Balling at Mal  (c) Cemetery or crematory are to be Date thereof Month (day) (syear)  (c) Cemetery or crematory are to be Date thereof Month (day) (syear)  (d) Cemetery or crematory are to be Date thereof Month (day) (syear)  (e) Cemetery or crematory are to be Date thereof Month (day) (syear)  (f) Cemetery or crematory are to be Date thereof Month (day) (syear)  (g) Means of injury occur about home, on farm, industrial place, in public Location Like Like Males (Specify type of place)  (g) Means of injury  2. Mind Did injury occur about home, on farm, industrial place, in public Location Like Males (Specify type of place)  (g) Means of injury  2. Mind Did injury occur about home, on farm, industrial place, in public Location Like Males (Specify type of place)  (h) Address 9 2 4 Eaco.  M. AD.		A CONTRACTOR OF THE CONTRACTOR
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10. Usual Occupation  Purples  11. Industry or business Ma Melvin Belair Red Other Conditions Recordery America  12. Name Collisted Trible  13. Birthplace  14. Maiden Name From Benchmana  15. Birthplace  16. (a) Informant May, Follow M. Prible  (b) Address / 3 22 William M. Prible  (c) Cemetery or cremstory or and you have been been been been been been been be	1 1 1	Due to
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12. Name Collaboration (Include pregnancy within 3 months of death)  13. Birthplace Baltimore Mod  14. Maiden Name From Bender Mod  15. Birthplace Baltimore Mod  16. (a) Informant Mod  (b) Address / 3 22 Wile Mod  (c) Cemetery or crematory for death)  (d) Date thereof Mod  (d) Did injury occur about home, on farm, industrial place, in public Location Following:  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address / 2 4 E E E Mod  (Include pregnancy within 3 months of death)  Major findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (a) Pureral director County (State)  (b) Address / 2 4 E E E Mod  (c) Means of injury  (d) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E E E Mod  (h) Address / 2 4 E Mod	10. Usual Occupation Rumber	
12. Name Collarity Title  13. Birthplace Baltimore Mod  14. Maiden Name From Bereith and  15. Birthplace Baltimore Mod  16. (a) Informant Mod  (b) Address / 3 22 Wile A 30 175 (b) Date thereof Mov 30 175 (c) Cemetery or crematory for commonth (day) (year)  (c) Cemetery or crematory for Accident Mod  (day) Cyear)  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address / 2 4 E E 2  (h) Moderns of Mod  (Include pregnancy within 3 months of death)  Major findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) City or two) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (a) Means of injury  (b) Address / 2 4 E E 2  (c) Means of injury  (d) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address / 2 4 E E 2  (h) Moderns / 10 (l) Means of injury  (h) Address / 2 4 E E 2  (h) Means of injury  (h) Address / 2 4 E E 2  (h) Means of injury  (h) Address / 2 4 E E 2  (h) Means of injury  (h) Address / 2 4 E E 2  (h) Means of injury  (h) Address / 2 4 E E 2  (h) Means of injury	11. Industry or business Mr. Melvin Belair R	Other Conditions Accordary Unerma
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14. Maiden Name  15. Birthplace  16 (a) Informant  17 (a) Address  18 (b) Date thereof  19 (c) Cemetery or cremoval)  19 (c) Cemetery or cremoval  10 (a) Funeral director Classes  11 (b) Address  12 (c) Means of injury  (d) Address  13 (d) Address  14. Maiden Name  15. Birthplace  Of autopsy  16 (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (c) Where did injury occur about home, on farm, industrial place, in public place?  (d) Address  (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Means of injury  (g) Means of injury  (h) Address  (h) Did injury occur about home, on farm, industrial place, in public place?  (h) Means of injury  (h) Address	13. Birthplace Balling Med	Major findings:
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(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (dity or town) (County) (State)  (e) Cemetery or crematory out described by the place?  (f) County (State)  (g) Did injury occur about home, on farm, industrial place, in public place?  (g) Means of injury  (h) Address 924 EEE.  M. 10.	15. Birthplace Bacting Md	01
(c) Cometery or crematory or described for the following of the following		
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City or twn) (County) (State)  County or County) (State)  While at work?  (Specify type of place)  Means of injury  23. Signature  M. fo.		
Location Fre cleric & Pell Discovery Police place?  (Specify type of place)  (Specify type of place)  (Specify type of place)  (Address 924 E E E 2 2 2 3 Signature  M. 10.	F 1 14 1	City (rt wn) (County) (State)
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(b) Address 924 E Eagle 15. 23. Signature from M. D.	E.O. Or O 10° c	(Specify type of place)
10/10 0 10/10 M. /D.		hard Ollaran
About the street less than the land the land of the land of the signed 1/3 4/2	19 (0) 3 A 1939 By - Will Will	M. /O. /
VS 8	tre o	Address 1200 C. Nearm OV Date signed 1293

	V
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
	(a) State MA (b) County
a) Baltimore City, Maryland b) Street address 6/5 Chipellon	
a) Magnetal or institution:	(c) Gity or town Balting or town limits, write RURAL and give town)
et Home	
	(d) Street No. 615 Coff De Clored (Verter Vive location)
d Length of stay in hospital or inst. (yrs., mos., or days)	(a) If fussion born bow long in U.S.A.) years
e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME Edward Joseph Les	velle X
	MEDICAL CERTIFICATION
400 20 No. 200	20. DATE OF DEATH / 19 3, at M
3 (b) If veteran, name war  10 10 No.  11 No.  12 No.  13 (c) Social Security Account No.  14 Sex  15 Color or race  16 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
male White divorced Surgle	ed deceased from Feet 10 1917, to nov 29 1939.
6 (b) Name of husband or wife	and that I last saw him alive on 20029 19 89.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased mo., day, yr.) Qing 26, 1892	Eulonomany a man
8. AGE: Years Months Days Viess than one day	and thent fullure.
47 3 3 hr. min.	Due 10 11 Ediastinal Carcinomy 7 yrs
9. Birthplace Balling Mil	sight side Chest.
9. Birthplace Town county, and state)	Due to Turkgravon curso
10. Usual Occupation Colerk City Park	Other Conditions Chance Calities
11. Industry or business 12 and proces	4 To VIII WILLIAM MINISTRIAL
12. Name formy of Levelle	Anclude pregnancy within 3 months of death)
13. Birthplace Ballymore Mid	Major findings: " Was sally de monstrates cause to which
. J. T. Strucker	is a prisability of the way hor seath stours
14. Maiden Name / Latie Stricker	Of autopsy a T. B. infection the trails
15. Birthplace Ballynor Mol.	The state of the s
16 a Informant Mr. Henry to Levelle	(a) Accident, suicide, or homicide
1 Address 6/5 appellon St.	Date of occurrence
17 (a) Burn (b) Date thereof (month) (der) (year)	(c) Where did injury occur?
(c) Cemetery or crematory Enthedral and	d) Did injury occur about home, on farm, industrial place, in public
4300 Ad Ere decidet	place? While at work? .
Location Johnson M. Confelin	Specify system place)
18 (a) Funeral director Canal W.	(e) Means of injury
b) Address / I Colored M. F. Williams M. F.	23. Signature M. D.
OVal 0.1939 vistrar	Address 237 areas wh Date signed 11-19-39
	200

PLACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
I. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State Hd (b) County	
(a) Baltimore City, Maryland & Land Curent.	B. 01.	
(c) Hospital or institution:	(c) City of town	wn)
	Fil Street No. 4137 Roland and	
the state of the s	(If rural give location)	
d Length of stay in hospital or inst. (yrs., mos., or day)	(e) If foreign born, how long in U. S. A.?	cale
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) it toteligh both, not take at	=
3 (a) FULL NAME Estelle a. Devein		_
3 (b) If veternn, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
no. no.	20. DATE OF DEATH / OW 29 199 . at 8.10	M
4. Sex   5 Color or race   6 (a) Single married, widowed, or	21. I certify that death occurred on the date above stated; that lattered deceased from hackley 1936, to 100. 29 19	5 C
ganale blute divorced Widgived.	ed deceased from Martin 19 to 7 to 7 19	7.
5 (b) Name of husband Acthers 6. Seolin	and that I last saw her alive on 100- 2 5 19 3 5.	
6 (c) If alive, give age years	Duratie	a.
7. Birth date of deceased mo., day biles 27- 1889	Caravay thromberis	7
8. AGE: Years   Months Days   If less than one day		
49 11 2 hr. min.	Due to	
9. Birthplace Baltimore Md		
	Due to.	
10. Usual Occupation	Other Conditions Conditions Conditions	
11. Industry or business	PHYSIC	IAN
12. Name Charles J. Melourt	(Include pregnancy within 8 months of death)	
13 Birthplace Ballo, Mid	Major findings:  Of operations  Cause to	
14 Maiden Name Mary a Ziegler	death sho	
14 Maiden Name	Of autopsy tically.	
15. Birthplace Bultrune Mil	22. If death was due to external causes, fill in the following:	
16 (a) Informant J. From Mic west	(a) Accident, suicide, or homicide	
(b) Address 5306 springland 127	(b) Date of occurrence	
17 (a) Burial (b) Date thereof 12 2 39 (point) (dw) (year)	William State of the state of t	atel
(Burial, cremation, or removal)	(d) Did injury of a about home, on farm, industrial place, in p	
(c) Cemetery or crematory	While at work?	-11-
Location Of the Same of what I we	(Specify type of place)	
18 (a) Funeral director 1 (6)	(e) Means of intry	
(b) Address 118 fill Mill agat with	1 2 20 0 le le let 11/2	T).
19 (2) 10 (b) 1 1 1 1 1/1/ Registerer	Address 1800 J. Laule M Date signed / d	13
Da Date reight by reprinces	Maldles Thief Metical trammer unto	1

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. lamore City Maryland	(a) State Med (b) County	
b) Street address 22/h. Walfer or	Syllemon	
	(If outside city or town limits, write RUKA)	L and give town)
D. J. A Johns Kopkins Norp	Ad Street No. 2 1 1. White (If rural give libration)	21
d Length of star in hospital or inst. (yrs., tnos., or days)	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs. mos., or days)	A CONTRACTOR OF THE CONTRACTOR	
	what MEDICAL CERTIFICATION	-
3 (b) If veteran, name war No. No.	20. DATE OF DEATH PLANEWOOD 0195	
4. Sex 5 Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the rer	niains described
divorced Wislow	above, held and the spell thereon and fro	m the evidence
	(Autop y or includy)	deceased came
6 (a) Name of husband or wife (b) If alive, give age years	(Aut pay or Inquiry)	
	to her death on the day stated above	
7. Birth date of deceased mo., day, yr.  8 ACF. Years Months Days If less than one day	Immediate cause of death	Duration
O AGE		
50 hr min	Ander reproduction	
9 Birthplace Sulto md	Due to Paralysis of bladder	
10. Usual Occupation	Due to	
11. Industry or business		
· · · · · · · · · · · · · · · · · · ·	Other Conditions	
12. Name		PHYSICIAN
13. Birthplace	Major findings	Und rline th
14 Maiden Name gorkmon	Of operations	cause to which
15. Birthplace		death should be
Mr. cont Menticle	Of autopsy	tically
16 (c) Informant Margaret Mygues	22. If death was due to external causes, fill in the f	following
16) Address 229 M Thorpe of	a Accident, suicide, or homicide	
17 10 Burnal (1) Date thereof Sec 1 193	5 (b) Date of occurrence	
therial eremation of removal	Where did inury occur)	
Cemetery or crematory Holy Mediumer	(d) Did injury occur about home, on farm, industria	inty) (State)
Location 4430 Belain 8	place? While at wo	ork?
18 (a) Funeral director Marken H. E. Digital	e Means of injury	4
(b) Address 37 & ann the	23. Signature Medical James	M.D
19 (11) Date mrs of registrary ( ) The water for the assistant	Date signed [ ] 28 [ ]	

### CERTIFICATE OF DEATH

F 63407

3 (a) FULL NAME  DAISY BROWNY  3 (b) If veteran, name was  No. when we have the folial Security Account No. when we have the remains describe above, beld an invested above.  Distributed an invested above, beld an invested above, beld an invested above, beld an invested above, beld an invested above.  Distributed an invested	PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(c) City or town the continuence of the property of the principal or institutions:  (d) Length of stay in historical or institutions:  (e) Length of stay in historical or institutions:  (f) Berngth of stay in historical or institutions:  (g) Date of process or institutions:  (g) Berngth of stay in historical or institutions:  (g		a State had a County Ballen	-orl
(e) Length of stay in Baltimore (yrs. mos. or days)  (f) FULL NAME  DAISY  BROWLY  3 (b) If veteran, name was  3 (c) Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Browled  Social Security Account No.  Location  Browled  Browled  Social Security Account No.  Location  Browled  Bro	b) Street address 1217 argyle are b) Hospital or institution:	(c) City or town Ballemore	
(e) Length of stay in Baltimore (yrs. mos. or days)  (f) FULL NAME  DAISY  BROWLY  3 (b) If veteran, name was  3 (c) Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Browled  Social Security Account No.  Location  Social Security Account No.  Location  Browled  Browled  Social Security Account No.  Location  Browled  Browled  Social Security Account No.  Location  Browled  Bro	d Length of stay in hospital or inst. (yes, mos, or days)	1 Street No. 1217 argule and	
3 (c) Social Security Account No. Inches N			years
MEDICAL CERTIFICATION  No. unhumon  No. unhumon  S. Color or race b (u) Single, married, widowed, or divarced d	B A FULL NAME DAISY BROWLY		
1. Sex Rolerd Rolerd diversed	3 (b) If veteran, name was 3 (c) Social Security Account		2.0 M
by Birth date of deceased (mo, day, yr.)  Birth date of d	6. Sex 5. Color or race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That It ook charge of the remahove, held an thereon and hope	ains described
Major findings:  Of autopsy  15 Date thereof by Date of occurrence by Date of occurrence by Date of Date by Da		obtained by said and that said d	eceased came
Immediate cause of death  Duration	7. Birth date of deceased mo, day, yr	to death on the day stated above.	
Due to  Other Conditions		Bronchiectoris.	
13 Birthplace  14 Maiden Name Alice Bailey  15 Birthplace  16 (a) Informan: mande Brook ton  16 (a) Informan: mande Brook ton  17 (a) Secretal Date thereof II Jo-13  18 (a) Funeral director Variet II Chase Valor  18 (a) Funeral director Variet II Chase Valor  (b) Address  18 (a) Funeral director Variet II Chase Valor  (c) Means of injury  23. Signature  (d) Means of injury  23. Signature  Middenal Examiner  Midenal Examiner  Midenal Examiner  Midenal Examiner	10. Usual Occupation	Due to	
Major findings: Of operations  Major findings: Of operations  Of autopsy  Of autopsy  Of autopsy  Of autopsy  Cemetery or crematory  Decident of the control		Other Conditions	
22. If death was due to external causes, fill in the following  17 (a) Succeeding the Date thereof (month) idea; (year)  (Cornetery or crematory Municipal County (year)  Location Such mark (the County County)  (Death of occurrence)  (Where did injury occur about home, on farm, inclustrial place, in public place)  (Special transfer of the County County (Special transfer of the County (Special transfe	14 Manden Name Alice Bailey 15 Birthplace Verguna	Major findings: Of operations	Univinity to which to the house
Cemetery or crematory Municipal Com  Location Such many Com  By Funeral director Same of Character White the Means of injury  Address Company occur about home, on farm, inclustrial place, in public place of Means of injury  (a) Did injury occur about home, on farm, inclustrial place, in public place of Means of injury  (b) Means of injury  23. Signature of Location Medical Examiner	MAdden 508 routh humbre by	22. If death was due to external causes, fill in the follow.  (a) Accident, socide, or benefite	lowing
NOV 30 1030 Funting for Williotte, M.S. 23. Signature It Iw allement Medical Examiner	Cemetery or crematory Murrhy & em	(d) Did injury occur about le me, on farm, inclustrial p	lace, in public
	NOV 3 0 1939 Tuntington Williams, My	23. Signature J+ LW ollenweb	~ MD

# BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH + 6 Registered No. 1 63408

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State 200 (b) County	
Street address // 0 6 m - Culloh St	(c) Chy or town Definor - 17 (d) Chy or town (If outside city or town limits, write RURA	
Street address // Williams Hospital or institution:	(d) Chy or town  (If out side city or town limits, write RURA  (If out side city or town limits, write RURA  (If rural give location)	L and give town)
d Length of stay in hospital or inst. (yts., mos., or days)		years
1 Length of stay in hospital	(e) If foreign born, how long in U. S. A.?	, , ,
Length of stay in Baltimore (yrs., mos., or days)		X
(a) FULL NAME Richard toluson.	MEDICAL CERTIFICATION	
(b) If veteran, name war 3 (c) Social Security Account	20 DATE OF DEATH // - 28 - 1939	, at 8.30 f.M
1. Sex 5. Color or race 6 a Single, married, widowed, or divorced married	21. IHEREBY CERTIFY, That Itook charge of the real above, held an Autopy thereon and from the control obtained by said Autopy find that said	om the evidence
6 (h) Name of husband or wife Sabrille 6 (c) If alive, give age years	death on the day stated above.	
7. Birth date of deceased mo., day, yr. June 29, 1906 8. AGE: Years Months Days If less than one day	Immediate cause of death	Duration
33 hr	Immediate cause of death framany Careinors bend of fautress	
9 Birthplace Baltimore Md. (T. wn, county, and state)	Due to	
10. Usual Occupation Labour.	Due to	
11. Industry or business william Johnson	Other Conditions Brondo- freuen	
E 12 Name	(Include programs) within a months of death)	Parsicia
	Major findings:	t'id rline
14 Maiden Name Office Johnson	Of operations	don't should
15. Birthplace Tall Tractor.	Of autopsy as above	tin'y
16 (a) Informani Ollie Protection		e following
Address 5/1 W. Gafayette Chr.		
Date thereon 420 20 17.	Date of occurrence	
ther late cremention or removal for used Come terus	(c) Where did injury occur?	County (State
Cemetery or crematory dawn	d Did injury occur about home, on farm, indust	mal place, in pu
Location 2 1 1 1 100:	place? (Specify type of place) While at	WOIK
18 a Funeral director his 1 ale 0 William	Means of injury	Leis N
18 (a) Funeral director has X atie R William  (b) Address 322 N Schroe der X	23. Signature Howard Medical Example 1	
ASPAN 2 10201 materiator Villacità, Revistrar	Date signed //- 2 9-39	

### CERTIFICATE OF DEATH



F 63409

	141
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address	(a) State Ma. (b) County / A
	(c) Dity or town Middle Priver, P.O.
(c) Hospital or institution The Johns Hopkins Hospit	al (If outside city or tewn limits, write RURAL and give tewn)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	d Street No.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 x	Wh. (e) If foreign born, how long in U. S. A.) years
3 (a) FULL NAME	
3 b) If veteran, name war 3 (c) Social Security Ac	count MEDICAL CERTIFICATION
No.	20. DATE OF DEATH O DUEM DET 21 1939, at 9.30 PM
4. Sex 5. Color or race 6 (a) Single, married, widow	
divorced.	21. I certify that death occurred on the date above stated; that I attend-
Male while single	ed deceased from NOV. 81 1939. to NOV. 21 1939.
6 b) Name of husband or wife Single	and that I last saw him alive on NOV. 21 1939.
6 (c) If alive, give age	years Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) november 21,	
8 AGE: Years Months Days If less than one da	
6 hr. 37	min. Due to
9. Birthplace Baltimore, Md.	
(Town, county, and state)	Due to
10. Usual Occupation	
11. Industry or business none	Other Conditions
12. Name Charles Coll	PHYSICIAN
-	include pregnancy within 3 months of death;
13. Birthplace Md.	Major findings:  Of operations  Underline the
14. Maiden Name Mangaret Lanky	death should be
2 15 Palala Omb	Of autopsy charged statis-
15. Birthplace Md.	
16 (a) Informant	22. If death was due to external causes, fill in the following:
(b) Address	(a) Accident, suicide, or homicide
17 (a) (b) Date thereof	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day)	(year) (c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	d) Did injury occur about home, on farm, industrial place, in public
Location ISS BOPRIES MEDICAL SCHOOL TO THE	939 place? While at work?
18 (a) Funeral director COMMISSIONET OF HEART	(Specify type of place)
TO 10) Punctur director	(e) Means of injury
יוליים היוספס בליים בייליוניים	23. Signature E. W. Outstaled M. D.
19 MUY J. U. IJJJ Thurtugter Milians	Address where Hopkins Holf. Date signed 11 9
tirate rec d by registrar)	The state of the s

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

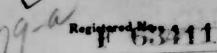


Registered No. F 63410

	TO MENTAL PROPERTY OF DECEASED.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	to
a) Baltimore City, Maryland	(a) State M8. (b) County	
b) Street address	(c) City w town Magnolia Md. (If outside city r town limits, write RURA	L and give town
c Hospital or instruction Johns Hopkins Hospital	111	The same of the same of
	(d) Street No	
d) Length of stay in hospital or inst. (yrs., mos., or days) lday		yeara
3 a FULL NAME Deiser		
2 Second Security Accoun	MEDICAL CERTIFICATION	
3 (b) If veteran, name war No.	m DATE OF DEATH November 15 1939	MDOP.CIA.
Single married widowed, o	or as I amifushed death occurred on the date above sta	ited; that lattend-
divorced. sundo	addeced from 100, 14 1907, to 1101	0. 10 1901.
male white single	and that I last saw h 1 malive on 100, 15	1937 .
6 (b) Name of husband or wife 5111918	Immediate cause of death .	Duration
	39 Prematurity	-
7. Birth date of deceased mo, day, yr November 14, 193	Jungs The or Dees	
8. AGE: Years Months Days It less than one day		-
A Ve		
9 Birthplace Galimore, Miles (Tewn, county, and state)	Due to	
10. Usual Occupation Cone		
11 Industry or business DONE	Other Conditions	PHYSICALN
Cl :+ C.	(Include pregnancy within 3 months of death)	PHYSICIAN
E 12. Name	Major findings:	Underline the
13. Birthplace un linous	Of operations	death should be
# 14 Maiden Name Edna May Neisen	Of autopey: Ditte	harged statis
15. Birthplace Virginia	Of autopsy:  22. If death was due to external causes, fill in the	
16 (a) Informant	(a) Accident, suicide, or homicide	31,1 11 25
(b) Address	(a) Accident, suicide, of homes.  (b) Date of occurrence	
b Date thereof	18/1 and did injury occur?	County) (State)
(Burial, cremation, or removal) (month) (day) (ye	(c) Where did injury occur about home, on farm, industr	
(c) Cemetery or crematory	While at w	vork?
Location MEDICAL SURFACE IN CO.	place? Specify type of place)	
18 (a) Funeral director	(e) Means of injury	
b Address	23. Signature Cu Unit Valled	, м. р.
B	Min Address vine yrains Harf. Date	signed /1-14-3
19 a (Date ree d b) regt trat		

## 21971

### BALTIMORE CITY HEALTH DEPARTMENT



CERTIFICATE		PY 1 A. "
	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) State Md. (b) County	
b) Street address	Baltimore	
(c) Hospital or institution:	(If outside city or town limits, write RURA	L and give town
TOTAL HOPKIAS BUSKILLAN	(c) City or town Baltimore (If outside city or town limits, write RURA (d) Street No 414 R. Cara- (lf rural give location)	lene
(d) Length of stay in hospital or inst. (yrs., mos., or days)		years /
e Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	
1 Oca 10 Security Account	MEDICAL CERTIFICATION	- 11
3 (b) If veteran, name war	20. DATE OF DEATH 400 25 193	9. at 130 M
4 Sex   5. Color or race 6 (a) Single, married, widowed, or		
1. Sex 1 30 at divorced.	1/MI JUIG 9 10 70	10 2017.
ferrale / siger	and that I last saw how alive on the	
6 (b) Name of husband or wife 6 (c) If alive, give age years		Duration
- 1 20	Miningues, I musion	
7. Birth date of deceased mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	0	
8. AGE: 1 ears // hr. min.	Due to	
10		_
9. Birthpluce (Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	
11. Industry or business  12. Name Washington Hendricks  13. Birthplace  14. Maiden Name Carnelia Carrall	I wonths of death)	PHYSICIAN
12 Name Washington Hendricks	(Include pregnancy within 3 months of death)  Major findings:	Underline the
13 Riethplace Va.	Of operationa	death should be
. Parmelia Carrell		charged statis
H 14 Maiden Name	Of autopey	fically.
15. Birthplace N. C. Records	22. If death was due to external causes, fill in the	ionowing:
16 (a) informant	(a) Accident, suicide, or homicide	
(b) Address	(b) Date of occurrence	0000
(b) Date thereof (month) (day) (year (Burial, cremation, or removal)	(c) Where did injury occur? (City or town)	County) (State)
	(d) Did injury occur about home, on farm, indust	work?
(c) Cemetery or crematory MEDICAL SCHOOL NOV 30 19	place? (Specify type of place)	
Location Commissioner of Realth	Means of injury & Saldh	0D 4.
16 (a) Funeral director	23. Signature Nury . ~ weary	4.P.
(b) Address + Williams	4 Day Howkins Hop Date	e agned 48.3
19 (d) (Date rec'd by registrar)	In Addied brown	
vs 3	5222	

CONTRACTO DEPARTMENT	CITY OF BALTIMORE 63412
CERTIFICAT	E OF DEATH 349 - 1150 Registered No
1. PLACE OF DEATH FLORESCOND TO STATE OF BALTIMORE: (No. 1514 Llinsio	Ward)  a hospital or institution give its NAME instead of street and number.)
augth of residence in rity or town where death occurred	de la companya de la
2. FULL NAME Emissett Our (a) Residence: No. 1/05 V. Central (Unual place of abode)	Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Celor or Raca 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1/- 20-3 99
Male negro singe	22. I HEREBY CERTIFY, That I attended deceased from 1/1-12-3 9, 19 to 1/1-20-3 9, 19
If married, w dowed, or divorced HUSHAND of (a) WIFE of	I last saw harmalive on 1/-20-39, 19 Death is say to have occurred on the date stated above, at 12. 2 on P147
DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of
AGE Years Months Days If LESS than	importance were as follows:
43 ormin.	acute my regiditio 116-1
8. Trade, profession, or particular kind of work done, as spinner.	(Unificility)
sawyer, bookkeeper, etc.	1
work was done, as sik mill,	Other contributory canoco of importance:
10. Date deceased inst worked at this occupation (month and spent in this occupation	Visitenta un june
)ear)	Was an operation performed? Date of
(State or country)	Was an operation performed?
12. NAME	Name of operation
14. BIRTHPLACE (city or town)	Was there an autopay !
(State or country)	23. If death was due to external causes (violence) his in also the
15. MAIDEN NAME	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in pu
(Address)	Manner of Injury
Place CHEMATION OR REMOVAL NOV 30 1939	Nature of injury.  24. Was disease or injury in any way related to occupation of decease
Commissioner of Realth	ba
(Address)	(Stand) Cot, Maloney Princelent Grapil
truston Villians	(Mores) Privilent Hospil
Registric	

## CERTIFICATE OF DEATH



Regist Fed 63413

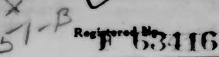
PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
Relumore City Maryland		(a) State ary land (b) County	
b) Street address Winer Park Irive		(c) City or two Baltimore, Maryland	L and give town)
U. S. Marine Rospital, Balt	imore, Md.	de If foreign born, how long in U. S. A.?	
d Length of stay in hospital or inst. (yrs., mo	days) Lifetime	(e) If foreign born, how long in U. S. A.?	, ,
CHILL NAME			
Chrence Langer	ial Security Account	MEDICAL CERTIFICATION	0.15
(b) If veteran, name war No.		20. DATE OF DEATH NOV. 28, 1939	, at 2:454 N
1111	married, widowed, or	21. I certify that death occurred on the date above standard from Ove 13, 19 39, taken	60, 1900
Name of husband or wife 18746 1	Kive and	and that I last saw h im alive on Mov. 28, Immediate cause of death Tuberculosis, pulmonary chronic, far advanced	Duration
9. Birth date of deceased mo, day, yr. 10.  9. Birthplace Months Days 20  9. Birthplace Lamore, harvian Iewn, county.  10. Usual Occupation Forter-Siller.	hr. min.	Due to  Other Conditions	PHYSICIA
12 Name James Dangerfield		(include prognancy within 3 months of death)	Underline
P. S.	ryland	Major findings: Of operations NONC	cause to whi
14 Maiden Name Cotherine (L	naova)	Of autopsy lone	death should charged tat tically
15 Birthplace Baltimore, Me 16 a Informant Records-U. S. Me	ir; land	22. If death was due to external causes, fill in the	following:
b) Address al imore, Md.			
17 (a) Burial (Date the Burial) (Burial cremation, or removal)  (c) Cemetery or crematory Matter  Location Balto m  16 (a) Funeral director MAR. f. L.		(d) Did injury occur about home, on farm, industry place?  While at the second of the	County) (State rial place, in put work?
19 (a) NOV 3.0.1939 turting	gton Williams, M	Address Extimore, Environce.	m, b. signedll-28

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



6 63444	CERTIFICATE		
	e de la companya del companya de la companya del companya de la co	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  ) Baltimore City, Maryland  Signature Address	venue	(a) State Manual (b) County	
Street address	•••••••••••	(c) City or town limits, write RURAL a	ind give town)
Hospital or institution:		1010 McDonough Street	
		(If rural give location)	
Length of stay in hospital or inst. (yrs., m	(Se., Or Only)	*(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME Maria Bookham		MEDICAL CERTIFICATION	
No.	ocial Security Account	- PLYE OF DEATH 11 - 25 1937.	at / J M
Sex 5. Color or race 6 (a) Single divorced.	, married, widowed, or Widowed	21. I certify that death occurred on the date above stated ed deceased from 9 7 1937, to 11 - 25 19	
b Name of husband or wife Tongs	h give age years	and that I last saw her alive on 11 - 25 19	Duration
Q (c) II was	/30/69	Coronary Herosuboeus	breddin.
Birth date of deceased	If less than one day	Inmediate cause of death Hirosubous  Coronary Hirosubous  Due to arterio sclerotce heart  disease	?
AGE: Years Months Days	hr. min.	Due to Due to	
		aratum	
9 Birthplace Y (Town, count)	and state)	Due to .	-
10. Usual Occupation 11. Industry or business		Other Conditions Careana left autrum	FHYSICIAN
William Labor Labor 1	4)	Unclude pregnancy wimin a months	Underline the
12. (14)		Major findings: Of operations	cause to which
- Diminipact		Of oberman	charged statis
14. Maiden Name Vartha Word		Of autopay	tically.
15. Birthplace		22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant Decords		(a) Accident, suicide, or homicide	
(b) Address	10 2 2	(b) Date of occurrence	•••••
b Date th	nereof Mec 4. 3	(City or town) (Con	inty) (State)
17 (a) (Burial, cremation, or remove that	Calveri	Did injury occur about home, on farm, industria	place, in publ
C Cemetery or crematory	on ma	place? (Specify type of place) While at wo	ork?
Location 14 D	800 Mg	HARC E	
18 (a) Funeral director Phio 17, 1	1. Com un	Means of injury	W 15
10 10 10 10 10 2 9 Y	1 caro un	Signature of the black	oned/1-26.
804.20 1222	L WY To Reviewe	Address Date .	8.1.4
(Date rec'd by registrar)		0	

CERTIFICATE OF DEATH  1. PEACE OF DEATH  CITY OF RALTIMORE: (No. 5/8)  Length of resilience in city or form where death pureofflyes.  Length of resilience in city or form where death pureofflyes.  2. FULL NAME  (a) Resilience: No. (Thesa) since of abovies  PERSONAL AND STATISTICAL PARTICULARS  1. Single, Married, Wildowsky.  2. Single, Married, Wildowsky.  As. If the secretary of the city of the cit	F 63415	-CITY OF BALTIMORE 63415
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 589 )	CERTIFICATI	E OF DEATH OF Degistered No.
2. PULL NAME  (a) Residence: No. (Local place of shock)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX 4. Color or Race of S. Single, Married, Wildward, and State of Color of of	40/8 Mullot	(1f death occurred in a hospital or institution, give its NAME instead
(a) Residence: No. (Uenal place of shele)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX	CITY OF BALTIMORE: (No	nos de. How long in U. S. If of fired n birth 2 yrs
(a) Restidence: No. (Brand place of abode)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL TO STATISTICAL PARTICULARS  PE	many debecca	January specific wars
PERSONAL AND STATISTICAL PARTICULARS  SEX 1. Calar are Race or Biscornel (without word) or Biscornel (with the word) or Biscornel (w	15/8 m Cultry	Ward. (If non-resident one city or town and State)
2. Single, Married, Walewell, or Diversed (write the world)  12. DATE OF DEATH (month, day, year)  13. AGE  Years  Months  AGE  Years  AGE  Years  Months  AGE  Years  AGE  Years  Months  AGE  Years  AGE  Years  AGE  Years  AGE  Years  Months  AGE  Years  AGE  AGE  Years  AGE  Years	AND STATISTICAL PARTICULARS	
HI SHRND of  EDATE OF BIRTH (month, day, year)  5. AGE  Years  Months  1 Lay  1 LESS that 1 day, min. 2 or min. 3 or min. 3 or min. 3 or min. 4 or min. 5 or min. 5 or min. 5 or min. 5 or min. 6 bridge or the stated above, at at an importance were as follows:  Discontinuous of limitation of l	1 Single Married, Widowed,	21. DATE OF DEATH (month, day, year) / 28 . 109
I last the h.d., alwo on the date stated above, at 1.0 days.  6. DATE OF BIRTH (month, day, year)  7. AGE  Yeare  Months  1 day, hrs. or min.  1 day, hrs. or min.  8. Trade, profession, or partfeular kind of work done, as spinner, and yer, bookkeeper, etc.  8. Industry or business in the mill, secupation (month and this occupation (month and this occupation (month and cocupation))  12. HERTHPLACE (city or town)  (State or country)  13. MAME  14. MINTEPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. MINTEPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place of injury  Manner of injury  Manner of injury  Nature of i	2 col widowal	au 15, 15 10 10 10, 19
E DATE OF BIRTH (month, day, year)  7. AGE  Years  Months  1 day, hrs. or. min.  2. Trade, profession, or particular kind of work done, as spinner, hawyer, bookkeeper, etc., as wer, one done, as spinner, hawyer, bookkeeper, etc., as were were as follows:  10. In book done, as spinner, hawyer, bookkeeper, etc., as were an end of the month and work one done, as saids mill.  10. In decembed in tworked at this occupation (month and gent in this occupation (month and gent in this occupation)  12. HIRTIPLACE (city or town)  13. MAME  14. HIRTIPLACE (city or town)  15. MAIDEN NAME  16. MAIDEN NAME  16. MAIDEN NAME  17. MAIDEN NAME  18. MAIDEN NAME  19. Where did injury occur?  19. Where did injury occur?  10. Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public large of injury  Nature of injury	HUSBAND of	I last My h_4 alive on.
S. Trade, profession, or particular kind of work done, as spinner, anwyer, bookkeeper, etc.  S. Industry or business in which work was done, as sik mill, say mill, blank worked at this occupation (month and secupation (month and secupation (month and secupation))  12. HIRTHPLACE (city or town).  State or country)  13. MAME  14. HIRTHPLACE (city or town).  15. MAIDEN NAME  16. HIRTHPLACE (city or town).  17. Manne of operation  18. MAIDEN NAME  19. HIRTHPLACE (city or town).  10. Malden NAME  10. Malden NAME  11. Total time (years)  Name of operation  What test confirmed diagnosis: Charles an autopay? Months or country).  18. MAIDEN NAME  19. Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place  Manner of injury.  Nature of injury  Nature of injury any way related to occupation of deceased:  18. UNDERTAKER MA R R R R R R R R R R R R R R R R R R		The principal cause of death and related causes of
S. Trade, profession, or particular kind of work done, as spinner, and states and states and states and states and states are related to work done, as silk mill, as we will, bank, etc.  S. Industry or business in which as well, bank, etc.  10. Intellectual deceased last worked at this occupation (month and year)  11. HIRTHPLACE (city or town)  12. HIRTHPLACE (city or town)  13. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: Date of injury  14. BERTEPLACE (city or town)  15. MAIDEN NAME  16. Industry or town)  16. INTORNANT  17. INTORNANT  18. INTORNANT  18. INTORNANT  19. INTORNANT  1	7. AGE Years Months have 1 dayhrs.	Can Thumban 2
S. Industry or business in which work was done, as silk mill, as well, bank, etc.  10. Date deceased last worked at this occupation (nonth and year)  11. Total time (year)  12. HRRTHPLACE (city or town) (State or country)  13. MAME  14. HRRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. HRRTHPLACE (city or town) (State or country)  17. Where did injury occur? (Specify city or town, county, and State) (Specify whether injury occurred in industry, in home, or in public place  18. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of injury  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and way related to occupation of deceased?  19. UNDERIARIE  19. Otherwise of puritibutory and pur	Is Tende profession, or particular 2	Cardiac Dilodation Aug 15
12. HIRTHPLACE (city or town)  13. MARKE MARKET MAR	sawyer, bookkeeper, etc.	Ol Colidator control particles
12. HRTHPLACE (city or town)  13. If death was due to external causes (violence) fill in also the following:  14. MAIDEN NAME  15. MAIDEN NAME  16. MAIDEN NAME  16. MAIDEN NAME  17. MAIDEN NAME  18. MAIDEN NAME  19. Maiden of injury  19. Maiden of in	naw mill, bank, etc. 111 Total time (years)	Coroner of arterioschan
Name of operation  What test confirmed diagnosis? Construct as there an autopay?  23. If death was due to external causes (violence) fill in also the following: Accident, sulcide, or homicisle?  Date of injury.  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  BURIAL CREMATION, OR REMOVAL  Place of injury  Nature of inj	1 MATE	2 Stypertenses
What test confirmed diagnosis: Canada an there an autopay?  23. If death was due to external causes violence) fill in also the following: Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public plan  Manner of injury  Nature of injury  Nature of injury  Address  RURIAL CREMATION OR REMOVAL  That CREMATION OF REMOVAL  (Signal)  (Signal)	12. BIRTHPLACE (city or town) (State or country)	
What test continued causes (violence) fill in also the following:  Accident, suicide, or homiciste? Date of injury 19		as there an autumay?
Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of inju	State or country)	what test confirmed disgressive (violence) fill in also the fol-
Specify whether injury occurred in industry, in home, or in public (State or (ountry))  15. INFORMANT  (Address)  16. HURIAL CREMATION, OR REMOVAL  Phose Manner of injury  Nature of injury  Nature of injury  17. UNDERTAKER  18. CREMATION OF REMOVAL  (Signed)  (Signed)  (Signed)  (Signed)		Where did injury occur? State)
15. INFORMANT  (Address)  16. HURIAL CREMATION, OR REMOVAL  Phose M. Author Date Dec 1 193 Nature of injury  19. UNDERTAKER M.S. R. A. Eller S.	State or (ountry)	Specify whether injury occurred in industry, in home, or in public
18. HURIAL CREMATION, OR REMOVAL  Place M. Author Date Day   1839 Nature of Injury is any way related to occupation of deceased.  19. UNDERTAKER MAS R-Q. Eller St. St. Stand disease or Injury is any way related to occupation of deceased.  19. UNDERTAKER MAS R-Q. Eller St. St. Stand disease or Injury is any way related to occupation of deceased.  (Signed)   18 so, specific disease of Injury is any way related to occupation of deceased.  (Signed)   29 M. Carrier   1839 Nature of Injury is any way related to occupation of deceased.	De and D. Jank	
13. UNDERTAKER MIS R - A. Ellir & Starting of the Starting of		Nature of injury
(Address) 2242 madith and	mx Julium Thate file ! Ill	- alutad to accumation of decensed
2242 maditor love		Dawhow Higgins x 1
Howard maleuro M. D.		2242 madiator come
Meril ( ) A de	NOV 3 U 1939	Howard malding M. D.



633317211 CERTIFICATE	OF DEATH O
1. PLACE OF DEATH: (a) Bahimore City, Maryland (b) Street address	2. USUAL RESIDENCE OF DECEASED:  (a) State nd, (b) County  (c) City of town Delman
(c) Hospital or institution: JOHAS ROPAINS HOSPITAL.	(If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? year
(e) Length of stay in Baltimore (yrs., mos., or days)	
3 (a) FULL NAME Charles mitchell	MEDICAL CERTIFICATION
3 (b) If veteran, name war  No.	20. DATE OF DEATH 200. 29 1939. at 1
1. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattended deceased from uly 6, 19 39, to how. 29 19 39 and that I last say hourslive on how 29 19 39.
6 (b) Name of husband or wife 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Nav 24, 95	Immediate cause of death anemia -7 mos Duration  uremia -1 wh
8. AGE: Years Months Days It less than one day  hr. min.	Due to infiltrating carcinoma 3 yrs  Due to
10. Usual Occupation	Other Conditions Andronellerosis, hydrowrate
11. Industry or business  12. Name. Charles Sutsfell	Major findings: Of operations within 3 months of death  Clarified pregnancy within 3 months of death  Clarified pr
13. Birthplace Maryland -	Of operations death should charged state tically.
15. Birthplace  16 (a) Informant	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
(b) Address  (b) Date thereof 2-3-3  (month) (day) (year	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State
(c) Cemetery or weinstown	(d) Did injury occur about home, on farm, industrial place, in pub place? While at work While at work
18 (a) Funeral director 12 mg Community The (b) Address 2 + 33 - 25 Community The Comm	(e) Means of injury  23. Signature. Douglass D. Fear  M. D.
19 (a) (b) tuiting to Nullation (b) Registrar	Address Johns Hoflbins Nost Date signed 11/29

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

63417	CERTIFICATE	OF DEATH	41-6
PLACE OF DEATH: Stanes	Naspitel	2. USUAL RESIDENCE OF DECEASED: (a) State Ind (b) County Bacti	mare
PLACE OF DEATH: Sy Clanes		(a) State Mid (b) County	
a) Baltimore City, Maryland b) Street address Likews & Ca.	tou lines	10.01.	nd give town)
b) Street address ( )		(If outside city or town limits, write	re.
Hospital or institution:	pital of	d) Street No. 820 Wells (c)	
all way	mos or days		year
d Length of stay in hospital or inst. (yrs.,	or days) // 1/10	(e) If foreign born, how long in U. S. A.?	
(e) Length of stay in Baltimore (yrs., mos.,	or days	hophan	
3 a FULL NAME (MIXE SO	this Q	CEPTIFICATION	.55
- John D	Social Security Account	10 2 11921.	at /2:13 M
3 b) It veteran, hame		20. DATE OF DEATH A 2019 30 to A 2019	; that lattend-
4. Sex   5. Color or race   6 (a) Sing	gle, married, widowed, or	21. I certify that death occurred on the date above states ed deceased from Borender 2019 30, to Man	for 2919 3
Lewale white divorces	ranied.	and that I last saw have alive on Assenter 2119	37.
et l'alorsville L'On	les	Immediate cause of death	Duration
6 (b) Name of husband or wife 6 of If a	live, give age years	7	
7. Birth date of deceased (mo., day, yr.)	1801	acute Cholecystilia.	
8. AGE: Years Months Days	If less than one day	Durin appendente	
4.9	nr.		
9. Birthplace Uses (Town, con	und tate)	Due to	
	wife of	C. Prises	
10. Usual Occupation Aruse		Other Conditions	PHYSICIAN
11. Industry or business	ruschszen	(Include pregnancy within 3 months of death)	Underline the
12. Name Scurkis	minor	Major findings: acute cholecustilis.	. cause to which death should be
13. Birthplace User	1	Of operations acute appendiculus	charged statin-
14. Maiden Name A assau	nan		- Cicario
15 Birthplace		27 If death was due to external causes, fill in the i	ollowing:
16 (a) Informant John /3	abashan	(a) Accident, suicide, or homicide	
16 (4) 111-22		(h) Date of occurrence	
b Dat	te thereof Sec. 2, 193	(c) Where did injury occur? (City or town) (Co	unty) (State)
17 (a) (Burial, cremation, or removal)	Med Acion	(d) Did injury occur about home, on farm, industric	ork?
(c) Cemetery or crematory	3.6.	place? (Specify type of place)	
Location Work	Williama Cor	n(e) Means of injury	
18 (a) Funeral director / astern /	1. The start of	(L) 23. Signature	* 500
(b) Address JOO Now to No	A. HINE	115 6+ ames Hospill Date	signed 1/4
19 NOV 3 0 1939	tuglora / White Registrat	Address of	. ,
Date rec'd by registrar	_ A		

15+

CERTIFICATE OF DEATH

Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
I. PLACE OF DEATH:	1 0 % had to County Ballin	nace
(b) Street address	Belt.	
LI was a contitution	(If outside c.t. or t. wn linet, write he has	and give town)
Union hammed Hospital	(d) Street No. 3006 abell are	
1.4	(II I district	- years
Length of stay in hospital or inst. yrs., mos. or days	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME JOHN KOHLHE	PP	
3 16 Social Security Account	MEDICAL CERTIFICATION	70
No. 212-03-5331	20. DATE OF DEATH Franker 30 Ph 19 39	at / a M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTILY, That Itook charge of the rer	mains described
male white divor married	above, held an thereon and from	m the evidence
6 (b) Name of husband or wife Katherine h. h.	trained by said many find that said	decensed came
O C I Give, kin gar	and the day stated above	
7. Birth date of deceased mo, day, yr Murch 25 1910	) is a second second	Duration
8 AGE: Years Months Days If less than one day	Immediate cause of death  Dracture strull	
9 Buthplace Balto End.	Due to	1-
9. Buthplace Town, county, and states A 140 A	1	
10. Usual Occupation Susurance adjust	Due to	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1)	
= 12 Name Horry J. Kohlshep	Other Conditions	
13 Rushules Waryland	(Include programs; within I months of death)	PHYSICIAN
# 14 Maiden Name Lovietta Dum	Major findings	t'n I rine th
14 Maiden Name	Of operations	death about it be
15. Biohplace Marglaced S. Cosdial	Of autopsy	charged talls
16 (a) Informant Sutherine Kohletefick	22. If death was due to externol causes, fill in the	following
1 Add 3006 Well we	4 (a) Accident, micide, or homicide	hand
17 Burial Date thereof 14 19	(b) Date of occurrence how. 27 41	127
attichal	(c) Where did injury occur) Look Blook 4	intyl ditari
17 Burial Date thereof 12/4/3 Cornetery or crematory Cathedral	(d) Did injury occur about home, on lann, industris	al place, in public
18 to Funeral direct Char F. Maux +Son Zu	Co places public place While at we Mans of mayor Cents crashed	ork)
18 (a) Funeral directe Muse J. Thur work the	Means of mjury ants crashed	ato another
Monday 118 M. not kayat core	23. Signature H LW allement Is and	mer-MID
1930 H + +	Date signed how 30 11,1535	

HEALTH DEPARTMENT—CITY OF BALTIMORE 63419 CERTIFICATE OF DEATH Momen's Hospital Registered No..... 1. PLACE OF DEATH (if death necessed in a hospital or factionian, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. Length of residence in city or town where death coursed from Z mon. da. How long in U. S. If of foreign birth? yre, mon. If U. S. Veteran specify WAR 2. FULL NAME (a) Residence: No. 2 (Unual place of abode) Ward (If non-resident nive city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 28 5. Single, Married, Widowed, or Divorced (write the word) 4. Color or Race 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended deceased from manuel Small 1937 in 1/25 Na. 1f married, widowed, or divorgal HUSHAND of (or) WIFE of I last mw h2dc. alive on. to have occurred on the date stated above, at 13 ... Alem. & DATE OF BIRTH (month, day, year) The principal cause of death and related causes of Days/ If LESS than importance were as (biles Date of some Months Gently Glafrial Limore Lagie 1 day .....brs. min. sowyer, bookkeeper, etc. Louis with No grow evidence The injection 9. Industry or business in which work was done, as silk mill, 11. Total time (years)
spent in this 10. Date devented last worked at this compation (month and occupation. - Date of // 25/32 12. HIRTHPLACE (city or town) (State or country) or us injury of the contract of the 11. NAME rasacear nelan Name of operation Was there an antonny ? Light Le 14. BIRTHPLACE (cht or town) What test confirmed diagnosis ?.. (State or country) 23. If death was due to external causes (violence) fill in also the following: ... Pute of Injury .... Accident, suicide, or homicide?... 15. MAIDEN NAME Where did lajury occur? (Specify city or town, county, and Mate)
Specify whether injury occurred in industry, in home, or in public 14. BIRTHPLACE (city or town) (State or country (Address) 2/31ma Manner of injury IS BURIAL CREMATION, OR REMOVAL Nature of injury Was discuss or injury in any way related to occupation of deceased?



CERTIFICATE	
	2. USUAL RESIDENCE OF DECEASED:  (a) State 1. (b) County 0. (c)
PLACE OF DEATH:	(a) State No 6 County Co J
a) Baltimore City, Maryland Oshland Ove	
b) Street address 2300 Whland we	(c) City or town (If outside city O' wn limits, write W'RAT, and give lown)
b) Street address c) Hospital or institution:	all out ide city of war initial
C) Floopical of the	709 Stoneleigh Road
. 14	alf rural rye location;
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
(e) Length of stay in Baltimore (yra., nios., or days)	H foreign both, no.
(e) Length of may in Delitino	
3 (a) FULL NAME Harriott ( Such	Rhausen MEDICAL CERTIFICATION (5)
3 (a) Social Security Account	TIN 27 10 7 A.M
3 (b) It veteran, name	an or or or all
No. 5 Coloror race 6 (a) Single, married, widowed, or	1 1 1 couls that death occurred on the date above atgree, that 49 49
4. pex 5. Coloror race 6 (a) Single, married, with	()C1, 13 (9-7, 10
Jemale While a Marginger	and that I last saw h ER alive on Nov. 28 19 39.
Chas & Strekhaust	Duration
6 b) Name of husband or wife Chao . 1. Distribution of bearing of husband or wife Chao . 1. Distribution of husban	Immediate cause of death
0 0/ 1905	HYPERTRUPHIC BILIARY CIRCHOSIS IYK.
7. Birth thate of deceased mo, day, yr. Jaw 21	TITEN TROPACE
8. AGE: Years Months Days	Due to
34 10 8 hr. mir	
Ballmur.	Due to
9. Birthplace (Town, county and state)	U Million Marie Committee
10. Usual Occupation Housewife	Other Conditions
11. Industry or business	- I PHYSICIAN
no I Menber	(Include pregnancy within 3 months of death)
12. Name Chas L. Hluker	Major findings: // VACOTEDONIC DIL. Cause to which
12 Pinhologe Mullimine	Of operations Hill Company Agreement death should be
may gent mulls	CIEKHOSIS C GASINO II
14 Maiden Name Margaret Myers	NOT DENE
15. Birthplace Balling	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
16 (a) Informant Chas,	(a) Accident, discourance
b Address 709 Stoneleigh	(b) Date of occurrence  Where did injury occur? (County) (State)
b Date thereof day) (y)	(c) Where did injury occur? (City or town) (County) (State)
Burial, cremation, or removal	Dilliam occur about home, on farm, industrial place, in
Cemetery or crematory	
1 canonical	(Spelly Charles)
Location Philip Heruing Sons	(e) Means of injury of to Nealy 14. &
18 (a) Funeral director 30 /h 10 James of	23. Signature Coluct.
(b) Address Alli.	To Wed. Cary Blog Die signed 11-20-3
19 (1) Old Old Control of the Contro	Addresdo   Ned . West Stay Date aigned

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### BALTIMORE CITY HEALTH DEPARTMENT



CERTIFICATE		
22 22 22 24	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	(a) State Md (b) County	
(a) Baltimore City, Maryland	(a) State Property Pr	
(h) Street address	(r) City or town Jacumou	and give town)
(c) Hospital or institution:	(If outside city or town figure, write it	
/ · · · · · · · · · · · · · · · · ·	(d) Street No. 2 2 (if reral give location)	
(d) Length of stay in hospital or inst. (yrs., mos., or days)		and the same
(a) Length of stay in morphism	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days) diff	1 4	
3 (a) FULL NAME	hwarty	
3 (c) Social Security Account	MEDICAL CERTIFICATION	a 1/3º/04.
3 (b) If veteran, name war	20. DATE OF DEATH NOV 28 19.3	7. at / M
or I willowed or	an the date above state	ed: that lattend-
4. Sex 5. Color of race 6 a) Single, marred divorted	1 1 16 (Q1 X 2 195 , to 10 7	17.
III III IIII	and that I last saw how alive on WAY 24 19	937.
6 b Name of husband or wife	Immediate cause of death	Durstion
6 (c) II alive, give age	A STATE OF THE PARTY OF THE PAR	3
7. Birth date of deceased mo., day, yr.	Pulmmary Tuturelinis	F440 ;
8. AGE: Years Months Days Il less than one day	Due to	
72 4 14 hr. min.	Due to	-
9. Birthplace Ballimon MA	Due to	
9. Birthplace (Tewn, county, and state)		
10. Usual Occupation	Other Conditions	
11. Industry or business		PHYSICIAN
12. Name Unknown	(Include pregnancy within 3 months of death)  Major findings:	Underline th
13. Birthplace Balto Med	Of operations	gauge to which
Lia/		harged stati
14. Maiden Name / Mulicipal American	Of autopsy	tically.
15. Birthplace /2010 MA	22. If death was due to external causes, fill in the	following:
16 (a) Informant Stilda Wollin	(a) Accident, suicide, or homicide	
1) Address 820 M. Ross A. 1. to	(a) Accident	
Busiel h Date the Rec 1/3	/	ounty) (State)
Burial, cremation, or removal ( month) (day) (year	(d) Did injury occur about home, on farm, industri	
Cemetery or wearing Wall Lawn.	While at w	rork?
Location Baftymory	place? (Specify type of place)	
All in Augusta (164)	(e) Means of injury	
18 (a) Funeral director Chillians	23 Signature Come 15 Million	w. D.
(b) Address of 10	niv n Pellerson et Dasa	signed // sq 3
10 (c) (b)	Address	
The Whate rec'd b to the state of the state		

46-3 Registered No. 18 63422

6.63422	CERTIFICATE	OF DEATH 46 F 63	122 9
138 725 555		2 USUAL RESIDENCE OF DECEASED:	4 1
PLACE OF DEATH:		(a) State b) County	
Ralemore City, Maryland		Da Lamare	
Street address 4040	an making a to a made on the same and have an	(c) City or twn (if outside city or town limits, write RURAL)	and give town)
14 anital or institution:		A sil w porre St.	
Due James Carrie	days (	Meet No. 511 W. DOTTE S.	
the stay in hospital or	inst. (yrs., mos., or days)	(e) If foreign born, how long in U, S. A.?	years
(e) Length of stay in Baltimore	vrs., mos., or days)	(e) It foreign both, no	
3 (a) FULL NAME	Martinan : Account	MEDICAL CERTIFICATION	0:00
3 (b) If veteran, name war	3 (c) Social Security Account	20. DATE OF DEATH warmles 29 1939	at 7 A M
	No.	21. I certify that death occurred on the date above state	d; that lattend-
4. Sex 5. Color or race	6 (a) Single, married, widowed, or divorced. Divorced		
and A and	AND 10 (10 / 10 / 10 / 10 / 10 / 10 / 10 /	and that I last saw h am alive on kers. 29. 19	39.
	Unlanown		Duration
6 (b) Name of husband or wife	6 (c) If alive, give age years	Can current of the Stomach	-
7. Birth date of deceased mo.,	day, yr.)1867		
	Days	Due to	
8. AGE: Years Months	? hr. min.	Late was	
	0	Due to	
9. Birthplace			
10. Unual Occupation	Laborer	Other Conditions	PHYSICIAN
11. Industry or business		iluclude pregnancy within 3 months of death	
12. Name Frank	lar tran	Major findings:	Underline the
12. Name	ny	Of operations	death should be
3. Birthplace Garral		C. mad atom.	charged statis-
14 Maiden Name	2 0128	Of autopsy Cauces of stom.	following:
15. Birthplace GOY	many	22 If death was due to external causes	
16 (a) Informant Raco	rds	(a) Accident, suicide, or homicide	
(t) Address	To Cate Thomas to 6	b) Date of occurrence	
Pumini	(b) Date thereof Dec 2nd 193 (yes	(City or town)	ounty) (State)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mayal)	(d) Did injury occur about home, on farm, industr	work?
Cemetery or cremato	ory Tr Office	place? (Specify type of place)	
Location Baltin	ore, mu		
F director VG	a. I. Tickner & both	(e) Means of injury moraghelsfew	м. у.
	rth Penna Aves	23. Signature	eigned 11 - 29
b) Address	(b) Mustington Milleall Registrar	Address Bullo Cety Man Date	
(Date ree'd by registral	N' A		

VS 3

VS 8

#### KINSMAN BALTIMORE CITY HEALTH DEPARTMEN

CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) Baltimore City, Maryland bi Street address/ (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., mos., or days) urneu MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH November 287939. at 7 7 P.M No. 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed deceased from 1 eft-16-1939. to Nov 27- 1939. and that I last saw here alive on Mer 25 1939. . Immediate course of death Hemiblegia 7. Birth date of deceased mo., day 8. ACE: Ymara Months Due to asleno soc Due to 10. Usual Occupation Other Conditions 11. Industry or business PHYSICIAN (Include pregnancy within 3 months of death) 12. Name tinderline the Major findings: ause to which 13 Birthplace Of operations death should be charged status-Of autopsy 15. Birthplace Mall death was due to external causes, fill in the following: (a) Accident, suicide, or homicide h Address (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public Cemetery or While at work? (Specify type of place) e) Means of injury for Connadd 23. Signature

Med Exame Case

BALTIM

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### BALTIMORE CITY HEALTH DEPARTMENT



e co191	CERTIFICATE	OF DEATH	
F 63424		2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland		(a) State Mol & County March	None and
b) Street address c) Hospital or institution:	S HOPKINS HOSPITAL	(c) City or town (If outside city or town limits, write RURAL at (If rural give location)	nd Rive town)
d Length of stay in hospital or inst	(yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	yeare
3 (a) FULL NAME	Beall 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH 7 00 30 1939.	av 25 M
4. Sex 5. Color or race 6	(a) Single, married, widowed, or vorced Legel	21. I certify that death occurred on the date above stated ed deceased from 11-30 1937, to 11-30 19 and that I last saw h 42 alive on 11-30 19	
6 b Name of husband or wife 6	(c) If alive, give age years	> Coronary occlusion	Duration /
7. Birth date of deceased (mo., day 8. AGE: Yearn Months Day 247 6	of lifess than one day hr. min.	Due to Coronary astrio- Solviosis.	
9. Birthplace	own, Junty, and state)	Due to	
11. Industry of business	Beall	Other Conditions  (Include pregnancy within 3 months of death)	PHYSICIAN Underline the
II. Name		Major findings: Of operations	cause to which death should be charged statis-
13. Birthplace Colla	o ellox	Of autopsy fill in the fo	tically.
15. Birthplace	wens	Of autopsy  22. If death was due to external causes, fill in the formation (a) Accident, suicide, or homicide	
(b) Address	Doc 2,34	(b) Date of occurrence	inty) (State)
17 (a) (flurial, cremation, or remova	(b) Date thereof (day) (year	(d) Did injury occur about home, on farm, industria While at wo	I place, in public
(c) Cernetery or cremator	lond Karen	place? (Specify type of place)  (e) Means of injury Shan 5	··
18 (a) Funeral director (b) Address	accret red.	23. Signature Hothus, Date of	igned 17-34
19 19 10 min model 1039 19	Registrar	Hospital	

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. 142) n Bentalow Length of residence in city or town where death occurred 33yrs. if U. S. Veterun specify WAR 2 FULL NAME EVA Greek (a) Residence: No. 1421 Bentalou-Ward (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF BEATH (month, day, year) Nov. 30, 1939 5. Single, Married, Widewed, or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from 4. Color or Race S SEX married nor 30 1935 10 hory . 30 19.39 Death in nahl Sa. If married widowed, or divorced I last maw b alive on to have occurred on the date stated above, at 11; 3 3 m. (or) WIFE of The principal cause of death and related causes of Date of erest 6. DATE OF BIRTH (month, day, year) importance were as follows: If LESS than Daye T. AGE Years. 1 day hea 11/30/27 or min. h. I raise, profession, or particular land of work done, as spinner, ATION namper, bookkeeper, etc. 9. Industry or business in which 11/25/3 work was done, as silk mill, now mill, bank, etc. II. Total time (years) 10. I'mte dereased last worked at apent in this this occupation (month and occupation 12. RIRTHPI ACE tody or town) (State or country) For what disease or injury? -What test confirmed diagnosis? C. E. Was there an autopay? 13 NAME Sterander Name of operation 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE reits or town (State or country) Into of injury 19 ..... lowing: Accident, suicide, or homicide? 15. MAIDEN NAME Dala (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. HIRTHPLACE feity or town) Polaro Bentalow St Manner of injury IN RURIAL CREMATION, OR REMOYAL Nature of injury Tretrew Rosedale Date Dec 1 1039 24. Was disease or injury in any way related to occupation of deceased? 10. INDERTAKER dal dermios True If me, mentify (Address) .1124-26 W Hutington Milliaus Hilliaus Hilliaus of His (Address)

#### F 63426

## CERTIFICATE OF DEATH

F	63426
Registered	No

2. USUAL RESIDENCE OF DECEASED: (a) State md. (b) County Truck Longe 1. PLACE OF DEATH: (a) Baltimore City, Maryland 6 Street address Colunt - Saratoge Sto (c) City or town
(If outside city or town limits, write RURAL and give town) (c) Hospital or institution: mercy Hospit Street No. 319 Washington Blad. (d) Length of stay in hospital or inst. (yrs., mos., or days) 2 (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yrs., mos., or days) Jough Norton 3 a FULL NAME MEDICAL CERTIFICATION (c) Social Security Account 20. DATE OF DEATH // - 3 0 1939 at # PM 21. I certify that death occurred on the date above stated; that I attend-5. Color or race | 6 (a) Single, married, widowed, or 4. Ses ed deceased from /1 - 28 1939, to /1 - 30 1937, divorced married and that I last saw ht un alive on 11 - 30 1939 . 6 1 Name of husband or wife marce Ufarus Immediate cause of death 6 (c) If alive, give age Intestinal abstruction Syst. 1937 7. Birth date of deceased mo, day, yr. her 29, 1990 If less than one day & AGE: Years Months Days Due to Carcinoma of Restrum Jan 1839 9 Birthplace Elleaty City Med 1686 10. Voual Occupation Marcolie Inspector Other Conditions II Industry or business U.S. Loc PHYSICIAN (Include prognancy within 3 months of death) 12. Name John norton Underline the Major findings: 13. Birthplace Ireland Of operations Shirtony cause to which death should be Signor blos town 14. Maiden Name Mary Cusach Of suropey Caremona Rectum 15. Birthplace elections 22. If death was due to external causes, fill in the following: 16 a Informant mus of g norture (a) Accident, suicide, or homicide Land med 1) Address b) Date of occurrence... Burnal b Date thereof Q-4 c) Where did injury occur? (County) (City or town) Burial cremation, or removal) (d) Did injury occur about home, on farm, industrial place, in public Cemetery or crematory While at work? Location Lunel met. (Specify type of place) 18 a Funeral director Newlitt Non aldrow 23. Signature Roymul J. Fyzin b Address Laurel mig

CERTIFICAT	E OF DEATH	and the second second
	2. USUAL RESIDENCE OF DECEASED:	
1 PLACE OF DEATH:  (a) Baltimere City, Maryland  (b) Street address 1318 & Lahayette St.  (c) Hospital or institution:	City or town (If out ide city or town limits, write Rt RAL and give to the city of town limits and give to the city of town limits.	(own)
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) Reforeign born, how long in U. S. A.?	years
3 a) FULL NAME  A RE  3 b) if veteran, name war  No.  1 Sex  5. Color or race 6 (a) Single, married, widowed, o divorced  Whow  6 b) Name of husband  6 c) If alive, give age  7. Birth date of deceased mo., day, yr. Ang 292 1875  8. AGE: Years Months Duys  9. Birthplace  Town, county, and tate	20. DATE OF DEATH More  21. IHEREBY CERTIFY, That I took charge of the remains dead above, held an Autopay to Immediate cause of death  (Autopay of Inquiry)  to Ludeath on the day stated above.  Duri  Carline dinase, multiple	idence
10. Usual Occupation At Home  11. Industry or business  12. Name Wilkiam Mc Dermott  13. Birthplace Hary Baker  14. Maiden Name Mary Baker  20. Preland	Major findings: Of operations  Under the control of death	SICIAN erline the to which should be ed statis-
16 (a) Informant Halen M. Busch  Address 1318 E. Lafayetta aux  Buria L h Date thereof (month) (day) (you  Cemetery or eremators  Location  18 (a) Funeral director Wa'lkiann Gok  (b) Address  19 (a) Address  19 (a) The first William Cook  The Cook of the the Cook of the Cook of the Cook  The Cook of the Cook of the Cook of the Cook  The Cook of the Cook of the Cook of the Cook  The Cook of the Cook	Of autopsy  22. If death was due to external causes, fill in the following  (a) Accident, suicide or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place,  place?  (Specify type of place)  (e) Means of injury  23. Signature  (b) Date signed how 30, 1925  Medical Examiner	(State)

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) State // County	
a) Baltimore City, Maryland b) Street address / 8 // Linder For.	a) state	
C Hospital or institution:	(c) City or town Ull 2 12 TLS (If outside city or town limits, write RUR	AL and give town)
	selved 1811 Lindon	
the large was ar days	d Street	
d Length of stay in hospital or inst. yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days)	(2) If foreign both, now long in C.	
3 (a) FULL NAME		
Languay W Call In Assembly	MEDICAL CERTIFICATION	
3 (c) Social Security Account No. 2/7- 45- 248/	20. DATE OF DEATH / 0 28 1957	9 . ay 5 m
4	21. I certify that death occurred on the date above sto	
The state of the s	ed deceased from 1938, to A	lor 28 1939.
Live his and ower		19 39 .
6 (b) Name of husband or wife secret	to the same of death	Duration
6 (c) It alive, give age	Cardine Insufficing	?
7 Birth date of deceased mo, day, yr 119 0 18 9		
AGE:	Due to .	
(25 3 25 hr. min.	artensiderons	
9. Birthplace JUNIA ( Down, sparty, and state)	Due to O	
4 land of the second of	Due to Cormany Selevos	
10. Usual Occupation Cuc Cuu Con 11. Industry or business	Other Conditions	
a Taley Wonz	(Include prognancy within 3 months of death)	PHYSICIAN
# 12. Nameston Justey Clops	Major findings:	Underline the
13. Birthplace	Of operations	death should be
# 14. Maiden Note & Mid Charge		charged statis-
15. Birthplace	Of autopsy	tically
Ediala Natus	22. If death was due to external causes, fill in the	tollowing:
16 a Informant	(a) Accident, suicide, or homicide	
b) Address C/Y	(b) Date of occurrence	
17 (Furial, cremation, or removal) (month) days (year	(c) Where did injury occur?	ounty) (State)
(c) Cemetery or cremator with with	(d) Did injury occur about home, on farm, industri	nal place, in public
( frit and V) Fig.	place? (Specify type of place) While at	work?
Location Live Market Control	1 1 10-	1
18 (a) Funeral director ( Constant)	Means of injury Jamuel 109	um
(b) Address 4 1/67 CW4	23. Signature	M. D.
19 (c) Williams Hilliams	Address / Date	migned Chie
The Property of the Parket of	yourardy mudeis	anslach a

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Maryland (b) County	
a) Baltimore City, Maryland	a) State :	
b) Street address Brailway & Zarnstunt.	(c) City or town Battings (if outside city or town limits, write RURAL	and give town)
c) Hospital or institution:	(If outside city or town limits, and and Street No. 3/ 05 6 Resterfield and (If real give location)	1
en offer y betranes.	Street No. 3/ 05 6 Kielly and Street	
we was mos. or days 31days	h la	years
d Length of stay in hospital of inst. (yrs., mos., or days) 3/ Ley	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days) life	The state of the s	
Day Law		
3 (a) FULL NAME Mr. Ross Cary	MEDICAL CERTIFICATION	
3 b) If veteran, name war		. at 1 51 p.M
6 (a) Single, married, widowed, or		
	and that I last saw h m alive on Nov 29 19	39.
6 1 Name of husband or wife Mrs. Martha fory	and that I last saw hom alive one	Duration
6 (b) Name of husband or wite 6 (c) If alive, give age 37 years	Immediate cause of death	20 days
	Zyremid	1-0
7. Birth date of deceased (mo., day, yr.) May 22, 1904  North Days   Hess than one day	· LO T	15 4lan
8 AGE: Years Months Days	Due to Essalignant hyperlension	113/00
35 6 / hr.		20021
9. Birthplace Beltung, 200d. (Town, county, and state)	Due to arteriorchoso	
9. Birthplace (Town, county, and state)		
10. Unual Occupation Truck Univer	Other Conditions	
11 1- due or business		PHYSICIAN
12. Name Evilliam bary	(Include pregnancy within 3 months of death)	I'nderline the
12. Name	Major findings:	cause to which
13. Birthplace Maryland	Of operations	death should be
The second secon		tically
14. Maiden Naine Baltimore 15. Birthplace Baltimore Thoughtal Chart,	Of autopsy	following:
15. Birthplace /Sauchar	22. If death was due to external causes, fill in the	
16 g Informant	(a) Accident, suicide, or homicide	
(b) Address & surels from & young	(b) Date of occurrence	
Date thereof 59	(c) Where did injury occur? (City or town)	ounty) (Htate)
Burial Burial Tholay Redeemen	d Did injury occur about home, on farm, industri	al place, in publi
(c) Cemetery 2 14. ml.	W Interest	/01k/
1 Dallo		
DI III III	(e) Means of injury & Kenn &.	
18 a Funeral Oliver	23. Signature	MyD.
(b) Address	1 Rienale Home x Inferrago atc	signed // 19
19 Co. I 1939, Hanting for Milliams, Mi	(e) Means of injury  23. Signature James J. Kern Jr.  Address I Girel Home & Inferrage ate	1
Batelyon by Cook in		
V8 3		

F 63430

Registered No. CERTIFICATE OF DEATHV 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State U. (ar (b) County (a) Baltimore City, Maryland b) Street address (c) Hospital or institution: d) Length of stay in hospital or inst. (yrs., mos., or days)/ Odays. (d) Street No. (If rural give location) (e) If foreign born, how long in U. S. A.) (e) Length of stay in Baltimore (yrs., mos., or days) Pascal M. Pitts MEDICAL CERTIFICATION 20. DATE OF DEATH NOW - 30 1939, at 750 M 3 (b) If veteran, name war No. unfrance 21. I certify that death occurred on the date above stated; that lattend-5. Colq or race | 6 (a) Single, married, widowed, or ed deceased from now 21 1939, to Now 301939. 4. Sex divorced married Male White and that I last saw h impalive on Nov 30 1939. Immediate cause of death Pulmonary 6 (b) Name of husband or wife 6 (c) If alive, give age Embolus 7. Birth date of deceased (mo., day, yr.) 11-18-98 If less than one day Due to Thrombophlebitis 8. AGE: Years | Months 9. Birthplace 10. Usual Occupation Yas & Oil dealer Other Conditions 11. Industry or business PHYSICIAN (Include programcy within 5 months of death) Underline the Major findings: cause to which Of operations death should be charged statis-Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide ...... 16 (a) Informant (b) Date of occurrence (h) Address (b) Date thereof (c) Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public (c) Cometery or generalogy Rose on out (Specify type of place) While at work? Location Chinton S.C. 18 (a) Funeral director Welliam Edgar 4. miller (e) Means of injury

#### CERTIFICATE OF DEATH

F 63431

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address Nymen Park Drive and 31st St.	2. USUAL RESIDENCE OF DECEASED:  (a) State Mary Land (b) County	
(c) Hospital or institution:  1. La narine Hospital Baltimore, Md.  (d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days	(c) City or town Baltimore, Kd.  Olf outside city or town limits, write RURAL and give town  (d) Street No. 847 China Street  (if rural give location)	
(c) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years	
3 (a) FULL NAME Shorlock Hallace		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.  4. Sex 5. Color or race 6 (a) Single, married, widowed, or	20. DATE OF DEATH ROV. 27, 1939, at 5:45PM  21. I certify that death occurred on the date above stated; that I attend-	
Male Negro divorced. Single	ed deceased from Nov. 25, 1939, to Nov. 27, 1939, and that I last saw h imalive on Nov. 27, 1939.	
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death Carcinome of Duration	
7. Birth date of deceased (mo., day, yr.) Oct. 25, 1892	unknown.	
8. AGE: Years Months Days If less than one day	Street of the st	
47 1 2 hr. min.	Due to	
9. Birthplace (Town, county, and state) 10. Usual Occupation	Due to	
11. Industry or business Baltimore and Ohio RR	Other Conditions	
12. Name Plajah Anderson 13. Birthplace Calvert County, No.	(Include pregnancy within 3 months of death)  Major findings:  Of operation  Of operation  Of operation	
14. Maiden Name Arma Mallaco 15. Birthplace Calvert County, Md.	Of autopsy Carcinoma of eso, La, us tically.	
16 a) Informant McCords-U. S. Marine Hospital,	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide	
(c) Cemetery or crematory  Location  (b) Date thereof 2 - 1 - 9 (month) (day) (year)  (c) The second of the second	(b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (c) Means of injury	
19 (a) (Date rec'd to be stern) Williams M. D. Reignetrale	23. Signature J. M. IV. anduron  Address L. 2. Marine Los Little Date signed 1 28/3	

## CERTIFICATE OF DEATH 1 15 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State but (b) County Bally	nul
(h) Street address	(c) City or town Breting	
c Hospital or institution:	(If out ide city or town limits, write he had	n .
Johns Hopkins Hopfital	By Stree No. 4 Wesenfield (If rural give location)	ourt.
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)	e If foreign born, how long in U. S. A.?	years
	ADT 11: . O 6	Rank
3 A FULL NAME HENRY BALLI	ARD (william histor	( Jallars)
3 b) If veteran, name war 3 c) Social Security Account	MEDICAL CERTIFICATION	30
No.	20. DATE OF DEATH wormber 23 1935	, at 3 D. M
4. Sex 5 Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the re	mains described
in Colored divorced married	above, held an autopy thereon and from	in the evidence
6 (b) Name of husband or with ellura Ballune	Laterined by said autoton find that said	deceased came
6 c If alive, give age years	, County of the same	
. 261	to his death on the day stated above	
7. Birth date of deceased (mo., day, yr 8 AGF: Years Months Days   If less than one day	Immediate cause of death	Duration
	Frosterres multiple	-
35 48 hr min	Frostines multiple	
9 Birthplace Charleston J. C.	Due to	-
1 Jown, county, and warm,		
10. Usual Occupation Buelo masm	Due to	-
11. Industry or business		
12 Name Brooks Ballard	Other Conditions	
I 13 Birthplace S. C.	(include pregnancy within 3 months of d ath	PHYSICIAN
a the Carlon	Major findings:	I'nderline th
14. Maiden Name Henrietta Carlos	Of operations	cau to which
\$ 15. Birthplace S. C.		tath should be charged status-
16 (a) Informant Henrietta Ballard	Of autopsy	tically
Address 267 St Philips H. S. C	22. If death was due to external causes, fill in the	following
Address 2 6 / 5 / Villey 3 - 1 30	(a) Accident, suicide, or homicide	ende
17 (a) Date thereof Acc 1-39 (month) (day) (year)	hansenter a	144 (173)
aviaclata	Where did injury occur? alley - no 9 de	unty) (State)
(e) Cemetery or crematory	Did minry occur about home, on farm, industria	il place, in public
Location 0.C	place? public flock While at we	ork?
18 (a) Funeral director muse andays	(e) Means of injury blunt williams	rent
1113 Uptiel of	7+ 2 . (1) all any her	M.D.
b) Addiess / 40	23. Signature Medical Examin	ner
19 ( bate a day registrar) Registrar	Date signed how 24, 1939	
20 并,在 指抗 10.15 代表		

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 3433 Registered No..... (If death occurred in a heapted or institution, also its NAME iccited of street and rember; 1. PLACE OF DEATH Marcella 2. FULL NAME . (If non-resident give city or town and State) Ward. (a) Residence: No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed. or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from 4. Color or Race Le 22. . to less y 19 37. Death is said Sa. If married, widowed, or divorced I last anw hall alive on to have occurred on the date stated above, at 1150 m. HI SHAND of (er) WIFE of The principal cause of death and related causes of Date of smeet 6. DATE OF BIRTH (month, day, year) If LESS than Days Months 0 Chrone Howevelor Replinte 1 day, ... hrs. Venre. 7. AGE min. A. Trade, profession, or particular bind of work done, as spinner, pawyer, bookkeeper, etc. . . Other contributery conors of important. a. Industry or business in which work was done, as silk mill Throng pelliles naw mill, bank, etc. 11. Total time (years) 10. Pate deceased last worked at spent in this this occupation (month and ccupation venr) 12. BIRTHPLACE (city or town). For what disease or injury? --(State or country) What test confirmed diagnosis Church Was there an autopay . LES 23. It death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or to linte of injury. (State or country) Accident, spicide, or hamicide? (Specify sity or town, county, and State) 12. MAIDEN NAME Where did injury occur? Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (cits place Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If me, specify no (Address)

#### E 63435



Street address 2618 W. Fairmountlike.  Hospital or institution:    Hospital or institution:   Hospital	
Baltimore City, Marylated  By Street address 2618 A. Fairmount City of town Daltimore  Hospital or institution:  City or town Daltimore  City or town  City or tow	
Street address 2618 M. Fairmountlike.  Hospital or institution:  d Length of stay in hospital nr inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in hospital nr inst. (yrs., mos., or days)  (g) Length of stay in h	
d Length of stay in hospital nr inst. (yrs., mos., or days)  (c) Length of stay in Baltimore (yrs. mos., or days)  (d) Length of stay in Baltimore (yrs. mos., or days)  (e) Length of stay in Baltimore (yrs. mos., or days)  (f) Length of stay in Baltimore (yrs. mos., or days)  (g) Length of stay in Baltimore (yrs. mos	
d Length of stay in hospital nr inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs. mos., or days)  3 (a) FULL NAME Sharah Co. Caywood  3 (c) Social Security Account No. No. No.  4. Sex 5. Color or race divorced Married, widowed, or divorced Married  4. Sex 5. Color or race fivorced Married  4. Sex 6 (a) Single, married, widowed, or divorced Married  5 (b) Name of husband or wife 6 (c) I alive, give age 6.3 years  7. Birth date of deceased mo., day, yr Sept 20, 1881  8. AGE: Years Months Days I less than one day	ind give town)
d Length of stay in hospital nr inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  3 (a) FULL NAME Sharah G. Carrwood.  3 (b) If veteran, name war  No. non  No. non  4. Sex  5. Color or race  6 (a) Single, married, widowed, or divorced Married  While  6 (b) Name of husband or wife Social & Caywood  6 (c) If alive, give age 63 years  7. Birth date of deceased (mo., day, yr Sept 20, 188)  8. AGE: Years Months Days  1 (c) If stay wood  1 (c) If alive, give age 63 years  2 (c) If alive, give age 63 years  3 (d) Full Name of hospital or inst. (yrs., mos., or days)  1 (e) If foreign born, how long in U. S. A. S.  1 (f) If foreign born, how long in U. S. A. S.  1 (f) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  1 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S.  2 (g) If foreign born, how long in U. S. A. S	unt an
Length of stay in Baltimore (yrs. mos., or days) ITAN If foreign born, how long in C. S. A.  3 (a) FULL NAME Sharah Co. Caywood.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. I certify that death occurred on the date above stated divorced. Married, widowed, or divorced. Married  MOY DOS.  10 MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above stated ed deceased from MOY DOS. to Vov  and that I last saw he Ralive on Nov 29  19.  The state of deceased mo, day, yr Sept 20, 1881  Months Days Fless than one day  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH  POS. 29 1939.  10 Months Days Fless than one day	
Length of stay in Baltimore (yrs. mos., or days) ITANA  3 (a) FULL NAME Sharah Co. Can wood.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. I certify that death occurred on the date above stated divorced. Married, widowed, or divorced. Married  Married  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above stated ed deceased from MAY 19 1938, to Nov  ed deceased from MAY 1938, to Nov  and that I last saw he Ralive on Nov 29 19  The state of deceased (mo., day, yr Sept 20, 188)  RAGE: Years Months Days Hess than one day	years
MEDICAL CERTIFICATION  20. DATE OF DEATH  DOC. 29 1939.  1. I certify that death occurred on the date above stated divorced Married  MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  MEDICAL	
MEDICAL CERTIFICATION  3 (c) Social Security Account  No. Noul  No. Noul  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  21. I certify that death occurred on the date above stated divorced Maries  ed deceased from May B 1938, to very  ed deceased from May B 1938, to very  ed deceased from May B 1938, to very  and that I last saw he Ralive on Nev 29  The Birth date of deceased mo., day, yr Sept 20, 1881  8. AGE: Years Months Days Hess than one day  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH  Port B 1939.  The deceased from May B 1938, to very  ed deceased from May B	
3 b) If veteran, name war  No. Noul  No. Noul  1. Sex  5. Color or race divorced Married, widowed, or divorced Married  6 a Single, married, widowed, or divorced Married  6 b Name of husband or wife oseful 6. Eagwood and that I last saw he Ralive on Nov 29  7. Birth date of deceased mo. day, yr Sept 20, 1881  8. AGE: Years Months Days Hess than one day  20. DATE OF DEATH  100. 29 1039.  21. I certify that death occurred on the date above stated deceased from May B 1038, to Nov  and that I last saw he Ralive on Nov 29 19.  [Sept 20, 188]  [Sept 20, 188]  [Sept 20, 188]	
4. Sex  5. Color or race  4. Sex  4. Sex  5. Color or race  6 a Single, married, widowed, or  divorced Married  6 b Name of husband or wife  6 c li alive, give age  6 3 years  7. Birth date of deceased mo., day, yr Sept 20, 1881  8. AGE: Years Months Days Hess than one day  21. I certify that death occurred on the date above stated  ed deceased from MAY B 1038, to Ve V  ed deceased from MAY B 1038, to Ve V  and that I last saw h Ralive on NeV 29 19.  Concentrated on the date above stated  ed deceased from MAY B 1038, to Ve V  and that I last saw h Ralive on NeV 29 19.  Something for the date above stated  ed deceased from MAY B 1038, to Ve V  and that I last saw h Ralive on NeV 29 19.  The same of deceased mo., day, yr Sept 20, 1881  Concentrate of deceased mo., day, yr Sept 20, 1881  Rafe: Years Months Days Hess than one day	750 PM
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced Married 6 b Name of husband or wife 6 c ff alive, give age 6 3 years 7. Birth date of deceased mo, day, yr Sept 20, 1881 8. AGE: Years Months Days Hess than one day  21. I certify that death occurred on the date above stated ed deceased from MAY 19 1038, to No V and that I last saw h Ralive on No V 29 Immediate cause of death DROWCHICK PSTHMA OTATOS ASTORMANICS  OTATOS ASTORMAN	at a latend
6 b Name of husband or wife loseful 6. Caywood and that I last saw he Ralive on 19.  6 b Name of husband or wife loseful 6. Caywood and that I last saw he Ralive on 19.  Immediate cause of death  Rowching history  8. AGE: Years Months Days Hess than one day	29 1739
7. Birth date of deceased mo., day, yr Sept 20, 1881  8. AGE: Years Months Days Hess than one day	20 /
7. Birth date of deceased mo., day, yr Sept 20, 1881  8. AGE: Years Months Days Hess than one day	-/
7. Birth date of deceased mo, day, yr Sept 20, 1881  8. AGE: Years, Months Days Riess than one day	Duration
8. AGE: Years Months Days	1700
8. AGE: Years Months Days	101201
1700 10	
38 2 7. hr	
9 Birthplace Baltimore Md. Due to	-
// (Town, counts, and star)	20.00
10. Usual Occupation House Mife Man Opher Conditions Com Many	1938
11. Industry or business	PHYSICIAN
(Include siregrafic of death)	Underline t
Major findings:	came to whi
	Month should
14. Maiden Name Jannie Theeler	charged stat
L Ut autopsy	ll wing:
22. If death was due to external causes, in	
16 a information (a) Accident, suicide, of notificed	
17 (a) Where did injury occur town (Cour	nty) (State
(Burial, cremation, or command)	place, in pub
While at wor	rk?
Location balt to mid place? (Specify type of place)	
18 a Funeral director es Mus: ohu M. Seufel V Son (e) Means of interior of Thelan	
Cal A trans the Sh. 23 Signatura Clevara	M. D.
I BB. Addices	gned 12-1-
19 a Late of All Milanister M. Addres & Date of	

#### CERTIFICATE OF DEATH



1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		(a) State Md. (b) County anne arundel	
(b) Street address		(c) City or town Pural (If outside city or town limits, write RURAL and give town	
(c) Hospital or institution:	Hopkins Hospital		
	r inst. (yrs., mos., or days) 20hrs.	Hammerlie Beach it rural give located)	., 8.0.
(e) Length of stay in Baltimore	(yrs., mos., or days) 2 min	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME	Roy Slick Ar.		
3 b If veteran, name war	3 Social Security Account	MEDICAL CERTIFICATION	
	No.	20. DATE OF DEATH July 29 1939	M 80CH
4. Sex 5. Color or race	6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	the state of the s
male white	divorced. Simple	ed deceased from July 28 1939, to July	
		and that I hat new him alive on July 29 1	339
6 b) Name of husband or wife	6 (c) If alive, give age years	9 (1	
		Immediate cause of death.  Intractania, homorrhage.	Duration
	day, yr July 28, 1939	Letter de l'aria, l'elle que	
8. AGE: Years Months D	Days If less than one day		over
	20 hr. 2 min.	Due to	Carry Cole
9. Birthplace Gall	imore, ma.		-
	(Town, count), and state)	Due to	
10. Usual Occupation	Done		
11. Industry or business	none	Other Conditions	
12. Name Moy M	ic Greggor Slick	Include pregnancy within 3 months of death;	PHYSICIAN
E ()	$\alpha$ $\alpha$	Major findings:	Underline the
	rennsylvania	Of operations	cause to which
14 Maiden Name Mills	ed Firy Nelson		death should be
	lichican	Of autopsy 2110.	harged statis-
16 4 Informent	7	22. If death was due to external causes, fill in the fo	ollowing:
b Address		(a) Accident, suicide, or homicide	
7001ENS		(b) Date of occurrence	
17 (a) (Burial cremation, or removi	(b Date thereof (month) (day) (year)	(c) Where did injury occur?	
		d Did injury occur about home, on farm, industrial	
Cemetery or crematory	Johns Hopkins Hos		
LocationRetained	& Origina Yang Marking Mon	Specify type of place) While at wor	
18 (a) Funeral director		(e) Means of injury	
Address 4000 th	interester Williams, M. D.	23. Signature E. W. O. veri frest Address 20000 Mappine map. Date sig	
1 - 1938 b		Land Capus Out him Hack Davis	M. D.
Date rec d by registrar)	Registrar	Address 2000 Caption last. Date six	ned , , , ,

#### CERTIFICATE OF DEATH



Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State wid (b) County	
(b) Street address	Baltimore	
Church Have + Infirmary	(c) City or town (If outside city or town limits, write RURAL	and give town)
Church Have & Sugarmany	statuted No. 630 S. Kennon	Lane
d Length of stay in hospital or inst. yrs., mos., or days)	If rural give location)	T-D
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yes	1) If foreign born, how long in U. S. A.)	years
SIN FULL NAME ELIZABETH VOLK		V
3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVEMBER 30 1937.	at 1:45PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	d; that lattend-
F W divorced. Single	ed deceased from nor 25 1937, to hor	30 1939.
	and that I last saw hER alive on Nov 30 19	39.
6 h Name of husband or wife 6 c) If alive, give age years	Immediate cause of death	Durstion
	LABAR PNEUMONIA	7
7. Birth date of deceased (mo., day, yr) Ske 7, 1852	LOBAR PNEUMONIA	
8. AGE: Years Months Days If less than one day	Due to GEN ARTERIOSCLEROSIS	
86 // 23 hr. min.	EMITRAL INSUFACIENCY	
a Bulleton Beltonine, Inch.	5 277 11.03	
9. Birthplace 15 Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions DIABETES MELLITUS	7
11 Industry or business	Other Conditions DIABETES REIGHTS	
1 aseple Wolk	Include pregnancy within 3 months of death)	PHYSICIAN
12. Name	Major findings:	t'nderline the
= 13. Birthplace Oermany	Of operations	cause to which
# 14 Maiden Name auna De telagle		leath should be
S Means	Of autopsy	charged tatis- tically.
2 1) Diffi place		•
16 (a) Informant MRS FRED SCHMIDTINE	22. If death was due to external causes, fill in the fol	to with
1) Address 632 S. KENVOOD AVE	(a) Accident, suicide, or homicide	
17 10 Burnal 1 Date thereof Dec 4,1939	(b) Date of occurrence	
17 a Date thereof (month) (day) (year)	(c) Where did injury occur? (Coun	ity) (State)
(c) Cometery or crematory Western Corneting	(d) Did injury occur about home, on farm, industrial p	
Reference One.	place? While at work	
Location College 2011	(Specify type of place)	
18 a) Funeral director Alm Migrich	(e) Means of injury	1
Dr. Address 12008 orlows At.	23. Signature	W D
VEC 7 thurtington / Minue,	Mrs. Phal Name Your Date sign	30,11
(Dah r. d) cutrar) Registrar	Address Comments of the Addres	
13.10		

/ F 63438 Registered No.

63438

00100	The same of the sa	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	10.1
(a) Baltimore City, Maryland Complement And	(a) State Mid. (b) County / Sals	Willy-
(b) Street address . )   William	(e) City or own Salto.	
c Hospital or institution:	If outside city or town limits, write RURA	AL and give town!
rome	Mireet No. 109 Elmhursh	Rd
d Length of stay in hospital or inst. (yrs., mos., or days)	all fraral give location i	
Length of stay in nospital of mist. They most of days	/	years
(e) Length of stay in Baltimore (yrs., mos., or days) 8 4 yr	(e) If foreign born, how long in U. S. A.?	/
3 10) FULL NAME THORY Eliza Mar	thews	V
3 b) If veteran, name war 3 c) Stral Security Account	MEDICAL CERTIFICATION	- 20
none No. 2001l	20. DATE OF DEATH For. 30 1930	9. at 7 - AM
4. Ser , 5. Color oprace 6 a Sipple, married, widowed, or	21. I certify that death occurred on the date above sta	
divorced to the same	ed deceased from Oct > 5 1939 . to Vh	2 30 19 34.
funde Thile & strong	and that I last saw h Walive on the 79	19 34
6 16 Name of husband or wife with H. Whiteley	and that hast saw in Brushes -	Duration
6 c If alive, give age feats	Immediate cause of death Juniles -	2 Lans
7. Birth date of deceased mo., day, yr. Mov-30-1855	Them ma	1
8 AGE: Years Months Days If less than one day		
84 0 0 - hr min.	Due to Rephretes & My ocaret	\$ 10 yrs.
3 Minnel	wares peters	1
9 Brithplace (Town, county, and tate)	Due to cuffichers + cug vent	
10 Usual Occupation		
II Industry or business	Other Conditions	
# 12. Name J. Stockett Matheurs	(Include pregnancy within 3 months of death)	PHYSICIAN
	Major findings:	I nderline the
13 Birthplace Suffermes	Of operations	cause to which
14 Maiden Name Jackael Brooks		death he ld be
6 /9-2224/	Of autopsy	tically.
	22. If death was due to external causes, fill in the	following:
16 a Informan Clockett Mileley. (Son)	(a) Accident, suicide, or homicide	
1) Addy 3931 Canterbling Roads.	(b) Date of occurrence	
Date thereof of W-2-39	(c) Where did injury occur?	
[ [month   (month) ( month) ( month) ( month)	(City or town) tee	unty) (State)
Cemetery or crematory Sirrumount,	(d) Did injury occur about home, on farm, industria	
Location Bullimon - 771d.	place? While at w	ork?
O1 - 1 101 minutes	^ _	1
18 a Funeral director www. m min co	(e) Means of injury	June
(1) Address 108 Wyork OWE:	23. Signature	1 M.D.
OFG. 1-1939 in mitigion Williams	Address Date s	signed 2073

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.



- BLACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State kul (b) County Baltina	u
(b) Street address	n 11-	
I doenital or institution	(If outside city or lown limits, write RURAL a	and give town)
Johns Hopkins Hospital	17 South Brooders	
I Length of stay in hospital or inst. (yrs., mos., or days)	(tf rural give location)	8
Length of may in norther to the state of the	(c) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days)	(1)	. /
3 FULL NAME ROBERTORE	R	~
3 h If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	36
No.	20. DATE OF DEATH kovember 26 4 19 29.	at /O P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. HEREBY CERTIFY, That Itook charge of the rema	ine described
m whate divorced the a sure	above held an autofrom thereon and from	the evidence
	(Autories by In there)	
6 1) Name of husband or with Male Chee Kern lueign	obtained by said (Autopsy or Ingliry)	eceased came
6 c) If alive, give age years	to his death on the day stated above.	
7. Birth date of deceased mo, day, yr 30, 1870	Immediate cause of death	Duration
& AGE: Years Months Dayy If less than one day	Thomatoma, mbhural	
69 9 9 26 hr min.		
11.	Due to feel	
9. Birthplace / Co / Mwn. county, and state)	Pue to 3	
10. Usual Occupation Thankson 151	D	
Il Industry of business	Due to	
# 12 Name for in 4. its dase	Other Conditions Bronchopourous	
± 12 Name 7	termial	PHYSICIAN
2 13 Birthplace	the ude programmy within 3 months of death	PHISICIAN
14 Maiden Name	Major findings:	Underline the
in the second se	Of operations	death should be
15. Birthplace	Of autopsy acteriorlawns grand	charged statis-
16 (a) Informant Jan Jan Janglar 12		
a Address Como, 160	22. If death was due to external causes, fill in the fol	Z-
139	22. If death was due to external causes, fill in the formal causes, fill in	1.1575
17 (month) (day) (rear)		In all
le Terre	(c) Where did injury occur? 17 Louth Brook	(y) (Zate
Location	goth Dil injury occur about home, on farm, industrial p	place, in public
Location	place? (Specify type of place) While at work	.)
18 (11) Funeral director Hazer of hin file	(e) Means of injury fell down blight of	tain
20 Address 4101 6 41 11 1817 Chi Clin	23. Signature 28 fw allawebu	M.D.
Address 410/ Entington Williams, M.P.  19 0 port of the train of the Registrar	2). Signature Medical Examiner	
Pentred by registrar & Registrar	Date signed how 27 th, 1575 Medical Examiner	
	pre	

63440
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 330  (c) Hospital or institution:
(d) Length of stay in hospital (e) Length of stay in Baltimore 3 (a) FULL NAME 3 (b) If veteran, name was
4. Sex 5. Color or race  9n. W. 6 b Name of husband or wife
7. Birth date of deceased mo.  8. AGE: Years Months  8.2  9. Birthplace  3.
10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace
14 Maiden Name 15. Birthplace 16 la Informant Lintor
17 (a) Burnal Harial, cremation, or remo

Location

18 a Funeral director

36

#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: or inst. yrs., mos., or days) yrs., mos., or days) (e) If foreign born, how long in U. S. A.? 3 (c) Social Security Account MEDICAL CERTIFICATION 20. DATE OF DEATH 11-29 19 3 9 at 9 A M 6 a Single, married, widowed, or 21. I certify that death occurred on the date above stated, that lattendand that I last saw bemalive on wor 25 1939. 6 c If alive, give age Immediate cause of death . / Dursties Tylles day, yr 10-3-1857 month If less than one day Due to ello md (Town, county, and state) Due to Other Conditions PHYSICIAN (Include ir gran y within 3 months of death) Major findings: Under in the nuncl Of operations at to which jush hold be Of autopsy / led harged ati-22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide b) Date of occurrence (d) Where did injury occur? High (County) (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) (e) Means of injury 23. Signature /

CERTIFICATE OF DEATH

/	F	63441
13	Reg	ristered No.

	TOTAL DESCRIPTION OF DECEASED.
1 PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
	(a) State Md (b) County
Baltimore City, Maryland  Street address // 24 Sanklin West	(c) City of town Bulliant RURAL and give town
Hospital or institution	
D.a. hanklin Square Nap.	Altreet No. 723 W. North Iv
d Length of stay in hospital or inst. yrs., mos., or days	
Length of stay in Baltimore (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.?
3 of FULL NAME albert C Cooley	MEDICAL CERTIFICATION 2 P
3 M If veteran, name war 3 c Social Security Account	20. DATE OF DEATH Kwen in 30 1259. AT M
No. 114-01-9803	21. 1HEREBY CERNIFY, That I took charge of the remains described
4. Sex 5. Color or sace 6 a Single, married, widowed, or	above, held an well-hay thereon and from the evidence
In We divorced Jungle	(Autopey or Industry)
6 6 Name of husband or wife	obtained by said (Autopsy or Inquiry) find that said deceased came
6 c If alive, give age years	to he death on the day stated above
7 Birth date of deceased no day, yr Sept 22,1876	Paradian Paradian
8 AGE: Years Months Days Wess than one day	Immediate cause of death  Bullet would
63 2 8 hr. min	Island and
9 Birthplace Manchester, England.	Due to Perforation of right
9 Birthplace ( January Timen, Smith, Mutate)	Traval hertenda
10. Usual Occuption Book keeps of	Due to arleng and right inderval
11. Industry or business Plat Colate	iliac vein.
	Other Conditions
± 12 Name	PHYSICIAN
2 13 Birthplace Constant Coffee	Major findings: Underline the
# 14 Maiden Name Margaretta Callies	Of operations
\$ 15. Brilplice Cryland	d at should be charged state
The Cooley	Of autopsy tirally
16 (a) Informant 723 W North ase	22. If death was due to external causes, fill in the following
(M) Address / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	
17 a Buriel Date thereof 12/2/39 (more) (dep) (year	(b) Date of occurrence /1/30/39 9 00 14
thirtal cremation or removal for lark	Are town   (County)
(e) Cemetery or crematory Lowson Park	Ded insurv occur about home, on farm, industrial place, in publi
Location AP 20 0	place? If the a While at work?
18 (a) Funeral director Chas. J. Otach	Means of injury Bullet urrend-38 Cal Co
I CL La W. I law ou C	
b) Address + Williams M.R.	23. Signature Medical Examiner
19 (1 - 1939, "Timbing ton Williams M. P.	Date signed 11/30/59
The state of the s	

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	2	
(a) Baltimore City, Maryland	(a) State b County	1
(a) Baltimore City, Maryland Belle L	City & sown Bally, Xx	
c) Hospital or institution:	ilf c. t. ide city or town limits, write KUR	I, and give town)
	1 5 18 Budle	2 4
or days)	Street No. 2 / Clf rural give location	,
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	fente
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) if foreign both, now long in	10
THE NAME OF		1151
1.03	MEDICAL CERTIFICATION	1. 1.
3 (b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH # 18 Bullon	1130 M
No.	20. DATE OF DEATH / / June had to show sta	red: that lattend-
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above sta	2)/00/9.
7 Com	ed deceased from	187.
6 h Name of husband or wife	and that I last saw He wive on	Baration
6 c If alive, give age years	Impediate cause of death	20 Mes
7. Birth date of deceased mo. day, yr Doc . 17,1884		
8. AGE: Years Months Days If less than one day	70170	
1 19 11 10 hr. min.	Due to	
9. Birthplace Mrary frage	Due to Ko offen Jenson	N
9. Birthplace / (Time count amplication)	Due to F V A F F	
10. Usual Occupation	Other Conditions	
11. Industry or business		PHYSICIAN
# 12. Name Downey Wrengel	(Include pregram , within 3 months of death)	-
E 12. North	Major findings:	('nder ine t'
13 Birthplace Most	Of operations	Jenth should b
# 14 Maiden Name Curture		charged stati
5 15. Birthplace bullication	Of autopsy	following:
, , , , , ,	22 If death was due to external causes, fill in the	
The state of the s	(a) Accident, suicide, or homicide	
(h) Address 718/3-1-39	b) Date of occurrence	
17 (a) (Barial, cremation, or removal) (month) (day) (year	(City or town)	ounty) (State)
	(d) Did injury occur about home, on farm, industri	nai place, in pub
	place? (Specify type of place) While at the	work?
Location John Machillan Hal Ibose		
18 a Funeral director and fill and	(e) Means of injury	210
I A Chidren	23. Signature	100
19 (a) (Date rec'd by Gran) I make too, Helland, M.	Address & Les Date	signe
(Date ree'd by the ser) I make too the thank M.	P Total Control of the Control of th	1

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address 1629 Wilkins Cive	(a) State Md. (b) Country	
of Street address ? S .	(c) City or town Dallus oxl	
(c) Hospital or institution:	(If cert ide city or town limit, write RI RAL	and give town
	1629 Wilkenson	A1101
d) Length of stay in hospital or inst. (yrs., mos., or days)	Sweet No. 1629 Wilkelus (If reral give location)	y www.
(e) Length of stay in Baltimore (yrs., mos., or days).	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Spinie 6. Is	mberry	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	-
No.	20. DATE OF DEATH NOV 28,4 1939	, at 9. P.M
4. Sex 5. Color of race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
sewale white word married	ed deceased from Oct 1, 1939 to Nov.	28 1939
6 th Name of hueband or wife Lane & Samberry	and that I last saw h a alive on Nov 24 19	39.
6 10 11 plive, give age 60 fears	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Morele 3 1881	circhon of the Liver	my Comme
8. AGE: Years Months Days If less than one day		
58 8 35 hr. min.	Due to cause undlum	
		over
9. Birthplace (MNa)	Due to	
10. Usual Occupation Touse Week	artenoschutu (dent Dissor	11
II. Industry or business	Other Conditions	
12. Name Tallich June	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Sulland.	Major findings:	Underline the
14. Maiden Name Mary Grennan	Of operations	doubt should be
	1 1 7 1	charged status
15. Birthplace	Of autopsy withthe Live	tically.
16 (a) Informant Mu Lumes for am serry	22. If death was due to external causes, fill in the fol	llowing:
(b) Address / 629 Welkers fuel	(a) Accident, suicide, or homicide	
17 (a) busial 6) Date thereof /2/2/1939	(b) Date of occurrence	
(Burial, cremation, or removal) (month) iday) (year)	(c) Where did injury occur?	y) (State
Cemetery or crematory New Gathelial	(d) Did injury occur about home, on farm, industrial 1	
-001111111111111	101111	
Location 4300 all treated Rd.	place? While at work (Specify type of place)	
18 (a) Funeral director Solly & Cowality or	(e) Means of injury	
b) Address 9 8 1 De pleuce of 1-	23. Signature Nathan Rawam	
19 100 100 At t t Williams M.R.		M. D.
Registrari Registrari	Address 266 6 grinn H. Date sign	ned 11.30.37

F 63444

Registered No.

14. "	
a) State Med ( ) Country	
c) City or town Ballhune	[ and give town)
1 Seres No. 10 4 0 4 . Chape (If rural give heation)	H
(If rural give heation)	
It foreign born, how long in U. S. A.?	years
AND THE A TION	9300
MEDICAL CERTIFICATION	9 0 - M
20. DATE OF DEATH Kwember 27 1939	
above, held an (Autory) or (Inquery)	mains described
above, held an Autor or thereon and tro	m the evidence
obtained by said (Autopsy or Inquiry)	deceased came
to he death on the day stated above.	
	Duration
Immediate cause of death  Cardis - Vocular - Neve	4
Janus - 1 sauce - 1000	
ases	
Due to	
Due to	
Other Conditions	PHYSICIAN
(Include presents y web in a months of death	-
Major findings:	Underline th
Of operations	death should b
	charge   state
	tically
Of autopsy	following
22. If death was due to external causes, fill in the	
22. If death was due to external causes, fill in the Accident, suicide, or homicide	
22. If death was due to external causes, fill in the Accident, suicide, or homicide	
22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide (1)  (b) Date of occurrence  (c) Where did injury occur?	following
22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide (s)  (b) Date of occurrence  (c) Where did injury occur?  (c) Did injury occur about home, on farm, industri	following
22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide (1)  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, inclustrical causes.  While at w	following
22. If death was due to external causes, fill in the  Accident, suicide, or homicide  Date of occurrence  Where did injury occur?  Did injury occur about home, on farm, industrictly place?  While at w	following
22. If death was due to external causes, fill in the Accident, suicide, or homicide  (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, inclustry (d) place?  (E) early type of place)  (E) Means of injury (E) Artiff	following
22. If death was due to external causes, fill in the  Accident, suicide, or homicide  Date of occurrence  Where did injury occur?  Did injury occur about home, on farm, industrication  place?  (Upecify type of place)	following  mity) (State) al place, in publicit?  M.

HEALTH DEPARTMENT—CITY OF BALTIMORE 63445 CERTIFICATE OF DEATH Registered No. ..... 1. PLACE OF DEATH (If death occurred in a hospital or matintion, give its NAME instead of street and number.) CITY OF BALTIMORE: (No If U. S. Veteran specify WAR (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) ( 57) 5. Single, Married, Widowed, or Divorced (write the word) 3. SEX I HEREHY CERTIFY, That I attended decement from 1134 to 240. 30, Zingr 30, 1939 Death is natel Sa. If in rise widowed, or divorced 26-1902 have occurred on the date stated above, at 5352 m. HI SHANII of for ( WIFE of The principal cause of death and related causes of 6. DATE OF BERTH (month, day, year) Deta of enset If LESS than Months T. AGE 1 day ..... hre. tarinized" min. > frid profession, or particular kind of work done, as spinner, numyer, bookkeeper, etc ... 5. Industry or business in which vers was done, as silk mill, Other contributory causes of importance: saw mill, bank, etc. 11. Total time (years) spent in this occupation I inte decenned inst worked at the excupation (morth and 10 Was an operation performed? 12. HERTHPLACE leity or town (State of country) For what disease or injury Name of operation Was there an autopay? What test confirmed diagrams ? 14. BERTHPLACE (city or town) 23. If death was due to external causes (violence) fill in also the fol-St te or muntry ? Lywing: Inde of injury ... Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIBTHPLACE (city or lower) Manner of injury 18, BI RIAL, CREMATION, OR REMOVAL Nature of it. 24. Was discuse or injury in any way related to occupation of deceased? (Signed).... awared Theward (Address) 2079 Eastern Revistrar.

## CERTIFICATE OF DEATH

50253FD 63446

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Mand (b) County
(b) Street address 4940 Mastern Ayanue	
(c) Hospital or institution:	(c) City or town
Baltimore City Hearitals	(II outside city or town limits, write he had and give town
	Treet No. 1325 James Street
(d) Length of stay in hospital or inst. (yrs., mos., or days	) Add day of the location of t
(e) Length of stay in Baltimore (yrs., mos., or days) 1.1	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME Gertrude Hertzell	
3 (b) If veteran, name war 3 (c) Social Securit	
No.	20. DATE OF DEATH howender 28 1939 at 11-PM
4. Sex 5. Color or race 6 a) Single, married, w divorced.	21. I certify that death occurred on the date above stated, that lattered
6 (h) Name of husband or wife Militon R.	and that I last saw h & alive on huw. 28 19 39 .
6 (h) Name of husband or wife 11.120.12. 16.	years Immediate cause of death . Derotion
	The state of the s
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than or	
50 1 1 hr.	min. Due to
9. Birthplace	
(Town, county, and state)	Due to
10. Oddar Occupation	Other Conditions blighetes mellitus unhum
II. Industry or business House	Other Conditions Mealules willies
12. Name Churles Myora (a)	(Include pregnancy within 3 months of death)
13. Birthplace Germany	Major findings: Underline th
Company March (a)	Of operations cause to which
E 14. Maiden Name Sare Wolff (d)	death should to charged stati
15. Birthplace	Of autopey hat dent . charged statt
5) 2/2 1/2	22. If death was due to external causes, fill in the following:
10 d informant	(a) Assident enicide as homiside
b) Address Baltimora City Hospi	1) Description
17 (a) Decelal (b) Date thereof 12 - (month)	1-39
	(City of (own) (Codiny) (State)
(c) Cemetery or crematory Locadores Co	(d) Did injury occur about home, on farm, industrial place, in publ
Location recleved are Ca	(Specify type of place) While at work?
18 (a) Funeral director of B Mippert	(e) Means of injury
Ob Address 1.300 East Care P. C.	23. Signature & MWaghelskein
The true to Will	
19 (Tithis and Degletrar)	Address Salto Walter - Date signed 11 28 39

correct age is especially important.

		V	
1. PLACE OF DEATH: (a) Baltimore City, Maryland		2. USUAL RESIDENCE OF DECEASED:	
(1) Street address Hilken + Catan		(a) State (b) County	
(c) Hospital or institution:		c) City or two Color to the Hinits, write RI RA	
Man	nes'	outside city or town limits, write RURA	L and give town)
		Direct No. 2 502 Aluland	wht
d Length of stay in hospital or is	net. (yrs., mos., or days) fday	(If rural give location)	1
Length of stay in Baltimore (y	ra. moa., or days Life	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME	se. min	ne Seitz	
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	
16 1661	Ne.	20. DATE OF DEATH	9. at 1 9 2 M
4. Sex 5. Color or race 6	o (a) Single, married, widowed, or livorced.	21. I certify that death occurred on the date above state	
Cloude Hlate	divorced Judayed	ed deceased from 1/2 9 19 7. to 1/2	Ja 19.2.
6 (h) Name of husband or wife		and that I last saw hart alive on 19	
	(c) If alive, give age years	Immediate cause of death Cerebral	Deration
7. Birth date of deceased mo., da		himoulage.	re) .
8 AGE: Years   Months   Day			
	hr. min.	Due to Hypertinsiic C-V disca	1
9. Birthplace Callena		D	
10. Usual Occupation	own, county, and state)	Due to	-
11. Industry or business		Other Conditions Interture . The	
12. Name Wenne	- 21	Aentia chimic phalyngatio.	
		and T'ilnelude pregnancy within 3 months of douth)	PHYSICIAN
13 Birthplace	and the same	Major findings: Of operations	Underline the
14. Maiden Name Jens	· make + +	Or operations —	death should be
	many	Of autopsy.	charged statis- tically
16 (a) Inter Herry		22. If death was due to external causes, fill in the fol	llowing:
6) Address 2 0 2 Aca	laure Meel	(a) Accident, suicide, or homicide	
	Date thereof 12-2 . 39	(b) Date of occurrence	
(Burial, cremation, or removal)	(month) (day) (year)	(c) Where did injury occur? (City or town) (Coun	ty) (State)
(c) Cemetery or crematory	esterie Cere	(d) Did injury occur about home, on farm, industrial	place, in public
Location Bullican	each Many land	place? While at work	k?
Funeral directory f. Co	3 Mippert + Saw	(e) Means of injury	
Aldrew Jos Cell	Caret AVIDAGE MA	23. Signaturo James N. Canos	and the latest of
19 10 1930 16	mula de l'institute de la constitute de		M. D.
Date rec'd by Westrar)	() Registrar	Address 3 TO agnes H systhetate sign	ied II JO 7 [
vs a	- 2717		

# HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH (13)

CERTIFICAT	E OF DEATH Registered No
1. PLACE OF DEATH	(If death occurred in housital or institution,
CITY OF BALTIMORE: (No. Edge wood Oform	mosds. How long in U. S. If of foreign birth?yrsmosde.
Length of residence in city or town where death occurred yrs.	Lucinda Sester Jueris WAR
a DULL NAME Lucy yester	72
146 S. tranklund	St., Ward. (If non-resident sive city or town and State)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  14 Celer or Bace   5. Single, Married, Widowed,	21. DATE OF DEATH (month, day, year) NBC , 127 , 1967
J. SEX  J. W. Or Divorced (write the water)	1227 I HEREHY CERTIFY. That I would not see 1
Sa. If married widerwood, or diverced L. Sealer	to have occurred on the date stated above, at 9.35 a.
6. DATE OF BIRTH (month, day, year Shall 19-18)	The principal cause of death and remter cause importance were as follows:
7. AGE Years Months	There Laterst. hipt. ?
8. Frade, profession, or particular	6 hipet aller
8. Trade, profession, as apinner. kind of werk done, as apinner. assyer, bookkeeper, etc.	
The state of the s	Other contributory course of imperiors Kenny ork.
saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and occupation)	- Cubical Cours
10. Date deceased last worked at spent in this occupation (month and year)	Was an operation performed? Date of
12. HIRTHPLACE (city or town) Rucy Course	For what disease or injury?
E IS. NAME	Name of operation  Was there an autopay?  What test confirmed diagnosis? What test confirmed diagnosis (violence) full in also the form
13. NAME  14. BIRTHPLACE (city or town) Augustand	To be about the experiment control of
	lowing: Accident, suicide, or homicide: Date of injury 19.
	Where did injury occur " (Specify city or town, county, and State)
16. IBRTHPLACE (18)	Specify whether injury occurred in industry, in home, or in pub
E II. INFORMANTOLIES R. GESTER	place
Address 146 S Juantitude	Manner of Injury
Place Rock Color of Park Inte Dee of Son	Nature of injury  24. Was disease or injury in any way related to occupation of decease
Place Roccider o land Internal & Soul	24. Was disease of injury in any  124. Was disease of injury in any  125. Was disease of injury in any  126. Was disease of injury in any  127. Was disease of injury in any  128. Was disease
19. CNDERTAKES OF CLAYERS PC	(Signed) County of Condon M. (Address) 3707 6 allow of hos
(Address)	(Address) 3707 6 alloway Wo
United to Market William	#.H.D.
1009 - 6100	- and

HEALTH DEPARTMENT-CITY OF BALTIMORE 63449 CERTIFICATE OF DEATH Registered No. 1. PLACE OF DEATH the death occurred in a hospital or institution, CITY OF BALTIMORE: (No. 03 N. of street and number.) largeth of residence in city or town where death occurred gra. mon da How long in U. S. If of foreign birth yrs. mon da. ICU'S Veteran 2. FULL NAME Clarence Emerson Crabbe PINTIFE WAR (a) Residence: No. C3 Y Kenying Ave. St. (If non-resident give city or town and State). (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 4. Color or Race a. SEX 21. DATE OF DEATH (month, day, year) or Divorced (write the word) CERTIFY That I attended deceased from Widower White o 200 7 1 Sa If m reied widewed, or divorced HUSBAND of Want new belletive on MOU 88 (or) WIFE of wat ilde Coldel rough to have occurred on the date stated above, at de Cl 4. BATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than T. AGE Years Months THE WA 1 day ......hrs. 2 10 min. a Trade, profession, or particular kind of work done, as spinner, Salesman namper, buokkeeper, etc ... 9. Industry or business in which we was done, as silk mill, 11. Total time (years)
spent in this DOCE ann mill, bank, etc. 16, Pate deceased last worked at this occupation (mosth and TLA occupation tr. BIRTHPLACE (city or town) State or country) Corne T 12. NAME Name of operation 14. RIRTHPLACE (city or town) What test confirmed diagnosis They I was there an autopay? " (State or country) 23. If death was due to external pluses (violence) fill in also the following: Accident, suicide, or homicide. Date of Injury. 15. MAIDEN NAME Icacoba. 16. BIRTHPLACE (city or town) Where did injury occur (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public State or country) D. INFORMANT Miss Clara M. Address Roll at Manwood Manner of lajure IN BURIAL CREMATION, OR REMOVAL Nature of injury Centerville Hd Date 12/4/ 24. Was disease or in sury in any way related to openiation of dece 19. INDERTAKER Howing cars Add v al

Bocort,

Shippent "in Love Point

Tim. Lucy C.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 63450 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No ... (If death occurred in a hospital or institution, give its NAME instead CITY OF BALTIMORE: (No.... ds. How long in U. S. If of foreign birth N. Gre. mos. Length of residence in city or town where death 1! U. S. Veteran specify WAH Ward. Ja (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, 3 SEX 4. Color or Race 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended decensed 1108112 . 1929. to Mer 30 Sa. If married, widowed, or dispress HI SHAND of I last onw her alive on 1100, 30 (or) WIFE of to have occurred on the date stated above, at 10 : Pm 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than 7. AGE Months Days importance were as follows: Date of exact 1 day ......hra 60 min. nehopeneumons 8. Trade, profession, or particular kind of work done, as spinner, PATION sawyer, bookkeeper, etc., 9. Industry or business in which work was done, as ailk mill, saw mill, bank, etc. 1000 10. Unte decensed last worked at 11. Total time (years) apent in this this occupation (month and year l occupation BIRTHPLACE (city or town) Was an operation performed? (State or country) For what disease or injury? FATHER 13, NAME Name of operation 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopay? (Mate or country) 23. If death was due to external causes (violence) fill in also the fol-II. MAIDEN NAME . Date of Injury. Accident, suicide, or homicide?..... Where did Injury occur? 16. BIRTHPLACE (city or (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public State or country) II. INFORMANT place A.M. San Manner of Injury IS BURIAL CREMATION. Nature of Injury 24. Was disease or injury in any w y related to occupation of decased?

	FICATE OF DEATH 133 Registered	63451
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address Heyond Pd + Murius  (c) Hospital or institution; Hospital or institution;  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	Iday & Scenne 1907 annafolis	Cal. and give town) Que.
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security  No.  4 Sex  5. Color or race divorced.  Single, married, wide divorced.  Name of husband or wife	MARTHEN MEDICAL CERTIFICATION 20. DATE OF DEATH NOWLL 30 193	or 30 1939
7. Birth date of deceased mo, day, yr. Aug. 30, 8. AGE: Years Months Pays If less than on hr.  9. Birthplace Balturor (Town, count, and state)  10. Usual Occupation  11. Industry or business	1939 Pyelitis  min. Due to	Duration 5 days
13. Birthplace Ann arundel Co., 1 14. Maiden Name Ida Bealfeld	(Include program; within 3 months of death)	PHYSICIAN  Under the the same to this death bould harged static
15. Birthplace & altimore M  16 a Informant + alter  (b) Address 1907 Aumabolis Au  17 a Dural b Dute thereof De  (Burial, cremation, or removal)  (c) Cemetery or cremator buckers  (b) Address  (b) Address  (c) Address  (c) Address  (d) Funeral dimensional d	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (City or town)  (City or town)  (City or town)  (Specify type of place)  Means of injury  3 Structure	ounty) (State)

50157-FS	BALTIMORE CITY HE	E OF DEATH 34-a-159	
2 50157-15	CERTIFICATI	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		(a) State Md. (b) County.	
Bakimore City, Maryland  Street address 494	O Eastern Ave.	Belto.	and give town)
Hospital or institution:	Hospitals or inst. (yrs., mos., or days) 16 de	(d) Street No. 1008 Shields Place (If rural give location)	years
d) Length of stay in hospital	re (yrs., mos., or days) life	(e) If foreign born, how long in U. S. A.?	6
(a) FULL NAME	Nancy May Leach	MEDICAL CERTIFICATION	loa w
3 (b) If veteran, name war	3 (c) Social Security Account	20. DATE OF DEATH	d; that lattend-
4. Sex 5. Color or re-	divorced. Single	21. I certify that death occurred on the deceased from / \frac{7}{29}, to and that I last saw h alive on 10	19 . Duration
6 (b) Name of husband or		The state of the s	
7. Birth date of deceased to 8. AGE: Years   Months	Days If less than one day	in. Due to	
	16 Md.	Due to	
9. Birthplace 10. Usual Occupation	(Town, county, and state) none	Other Conditions Cong. Syphilis	PHYSICIA
11. Industry or business  12. Name  Joe	Leach	Major findings:	Underline cause to wh death should
13. Birthplace	Md.	Of operations	charged ata
14. Maiden Name	s.c.	22. If death was due to external causes, fill in the	following
16 a Informant B.C.	H. Records	(a) Accident, suicide, or homicide	
17 (a) (Burial, cremation, c			county) (Staterial place, in pure
(c) Cemetery or cred	a forks	place? (Specify type of place)	
18 (a) Funeral director	Penny she	and the state of the	e signed 11 /Sc
E DEC 1 - 199	Braris Hunting for Michael	Address O	7-11-11

HEALTH DEPARTMENT—CITY OF BALTIMORE 63453 CERTIFICATE OF DEATH 63453 Registered No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. Length of residence in city or town where death occurred If U. S. Veteran 2. FULL NAME Yangha Bala specify WAR on door Ave s (If non-resident give city or town and State) (a) Residence: No. MEDICAL CERTIFICATE OF DEATH Usual place of PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) Nov 265 5. Single, Married, Widowed, or Disseed (write the word) I HEREBY CERTIFY, That I attended deceased from 4. Color or Race 1. SEX . 1934. to Mar 265 Nov 265 139. Death is said Sa. If rerried who wed, or divorced I last saw h.C. alive on to have occurred on the date stated above, at 2 4 Am. HUSBAND of (er) WIFE The principal cause of death and related causes of 6. DATE OF RIRTH (month, If LESS than numona Days Months Years 1 day hrs. T. AGE mln. 8. Trade, profession, or particular kind of work done, as spinner, PATION sawyer, bookkeeper, etc .... 9. Industry or business in which Other contributory causes of infortance: work was done, as silk mill, 11. Total time (years) saw mill, bank, etc. 10. Unte decemed last worked at spent in this this occupation (month and occupation See SMATE Was an operation performed? 12. RIRTHPLACE (city or town) .. For what disease or injury! (State or country) What test confirmed diagnosis? Christa Was there an autopay? No Name of operation 13. NAME 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city of Lown) (State or country) ..... Date of injury .... lowing: Accident, suicide, or homicide?..... 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or (State or country) place IT. INFORMANT Manner of injury. State CA OCCUPA (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of decement 19. UNDERTAKER (Address) Registrat

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland	(a) State 71, d (b) County
(b) Street address Referred & Green	
Manitul or institution:	(c) City or town Selfeners  Houtside city or town limits, write RURAL and give town)
	72
	Mistreet No. 5/9 Back St. alf rural give lo ation)
d Length of stay in hospital or inst. yrs., mos., or days	(e) If foreign born, how long in U. S. A.? years
(e) Length of stay in Baltimore (yrs., mos., or days)	I lottight both, now long in
3 (a) FULL NAME	
2 16 16 million Account	MEDICAL CERTIFICATION
3 h If veteran, name war No.	20. DATE OF DEATH 1/- 25 19 34 . at 3:20 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21, I certify that death occurred on the date above stated; that I attend-
Level Colored divorced.	ed deceased from 11- 24 1939, to 11-25 1977.
	and that I last saw her alive on 11-25 19 34.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo, day, yr.) //- 25-39	Edima Lugar + Fraches
8. AGE: Years Months Days If less than one day	
hr. min.	Due to Suspendine Theyorithing 10 days
71	- 00
9. Birthplace Balls, (Tewn, county, and state)	Due to
10. Veual Occupation Factory It orker 18	
11. Industry or business	Other Conditions
= 12. Name Thorne Down	(Include pregnancy within 3 months of death)
13. Birthplace French George Cs.	Major findings:  Of exercises (Wacter) Cavity cause to which
K rises and	Poll = 24 turnlant fluid death should be
14 Maiden Name Margaret De mun	Of autopsy Accresis Thurside and - Uneration tically.
15. Birthplace aline annuall Co.	22. If death was due to external causes, fill in the following:
16 (a) Informant Mannie Dorwy 14	22. If death was due to external causes, fill in the rollowing.  (a) Accident, suicide, or homicide
(b) Address Magusty May & M freu St.	(a) Accident, suicide, or nonnelide  (b) Date of occurrence
17 (a) (b) Date thereof	(a) Where did injury occur?
illurial, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial place, in public
Compression Compre	While at work)
Location Commissioner of Weelth	place? (Specify type of place)
18 (a) Funeral director	(e) Means of injury
(b) Address Per H. A. Moore	23. Signature. Easward M. D.
19 DEC 1 - 1938	Address Unux six Story . Date signed
Light of the registrary Voltage Made of the	Addition Colored Title

#### CERTIFICAT 1. PLACE OF DEATH Ba timere City, Maryland M. Pratt Sh Street address 1853 e Hespital or institution d Length of stay in hospital or inst. vis., mos., or days Length of stay in Baltimore vis., mos., or days 3 (1) FULL NAME Social Security Accoun 3 b li veteran, name war 6 a Single, married, widowed, o 4. Sex 5. Color or race divorced Levala 6 1 Name of husband or wife 6 c If alive, give age 7. Birth date of deceased mo, day, yr If less than one day Years Months 8 AGE: 9 B rthplace Town county and state) 10. Usual Occupation 11 Industry or business 12 Name 13 Birthplace 14 Maiden Na 14 Maiden Name 16 In ormant bl Address h Date thereof 17 74 Cemetery or crematory Commissioner of Acard Location

18 a Funeral director

Address

BALTIMORE CITY H

Registrar

UAL RESIDENCE OF DECEASED:	
tate Mil (b) County	
Baltimore	
or town (If outside city or town limits, write I	RURAL and give tov
Teet No. 1853 M. Pratt &	*
treet No. 0 3 (If rural give loca	ation)
foreign born, how long in U. S. A.?	ye
MEDICAL CERTIFICATION	ON
- > C -	
HEREBY CERTIFY. That I took charge of the	ad from the evide
e, held an taufary thereon as	nd from the evide
ined by said and fraguing find that	t said deceased or
(Autopsy of Inquiry)  death on the day stated above.	
diste cause of death	Duratio
diste cause of death	
	1-
10 Somegerailoro- oc	
10 highesting Chroni	
er Conditions	
(Include programmy within 3 months of death	PHYSIC
or findings:	tinierie
operations	rame to t
	dati show
lau'opsy hou	tically
If death was due to external causes, fill in	the following
Accident, suicide, or homicide	1
	1
Date of occurrence	1
Where did injury occur?	(County) (Sta
(Lity (if the till)	mathal place, in D
Did injury occur about home, on farin, and	
Did injury occur about home, on farin, and	at work?

OF DEATH GI & Rogistico	68456
2. USUAL RESIDENCE OF DECEASED:	
a State Med 1 County	
LI -	
A Alfantida arts an terren limita sumita D	URAL and give town
Street No. (If rural give locat	
(If rural give beest	14-15-3
If foreign born, how long in U. S. A.?	year
Male	
MEDICAL CERTIFICATION	N 7/50
20. DATE OF DEATH Kureuwer 28 19	37 . nt N
21. IHEREBY CERTIFY, That I took charge of th	
above, held and thereon and	
(Autopay & Inglisty)	
obtained by said find that a	inid deceased cam
to his death on the day stated above.	
Immediate cause of death	Duration
subacut bacter	w
Due to Indocardety of de	ouse
and without Wale	4
Due to	
Other Conditions	
(Include cregn noy within morth of doth)	PHYSICIAN
Major findings:	Underline th
Of operations	calle to which
	death should be
Of autopsy	tically
22. If death was due to external causes, fill in the	e following
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(c) Where did injury occur?	County) (State
(d) Did injury occur about home, on farm, indust	nal place, in publi
place? While at (Specify type of place)	work?
(e) Means of injury,	1
33. Signature	M.D

Date signed // 128/34

Registrar

## BALTIMORE CITY HEALTH DEPARTMENT

63458 CERTIFICATE		3430
	2. USUAL RESIDENCE OF DECEASED:	
a) Balumore City, Maryland	(a) State Md (b) County Beach	
(c) Hospital or institution:  www. trungial Hospital	(c) City or town Sachmark  (tf outside city or town limits, write RURAL	and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days) 22	(e) If foreign born, how long in U. S. A.?	yeare
(e) Length of stay in Baltimore (yrs., mos., or days) left	( ( ) II located	1
3 (a) FULL NAME many Dellinger Eline	MEDICAL CERTIFICATION	
3 (b) If veteran, name war   3 (c) Social Security Account No.	DATE OF DEATH See / 1939	. at 11:25 AM
4. Sex   5. Color or race divorced.   6 (a) Single, married, widowed, or divorced.   Married	21. I certify that death occurred on the date above state	ed; that lattend-
6 (b) Name of humband or wife William Cline 6 (c) If alive, give age 2/ years	and that I last saw has anve on	Duration
	Invediste cour et death Cardine failure	3 line
7. Birth date of deceased (mo., day, yr.) March 21, 1919 8. AGE: Years Months Days If less than one day	Due to Pneumonia, lobar	270eys
20 8 10 m.	10/26/12	
9. Birthplace Marxand (Town, county, and state)	Due to	several yr
10. Usual Occupation Horrurge 11. Industry or business	Other Conditions Phermatic heart devore a mittal stenosis & wrinffs curry	PHYSICIAN
12. Name Clayton Dillinger	(include prognancy within 3 months of death)  Major findings:	Underline the
13. Birthplace Pennsylvania	Of operations	cause to which
14. Maiden Name Rose Fracy 15. Birthplace Pennsylvana	Of autopsy	charged statis
	22. If death was due to external causes, fill in the	following:
(b) Address 2831 miles areme City	(a) Accident, suicide, or homicide  (b) Date of occurrence	
Description 1	Il / Mil did injury occur?	unty) (State)
(Burial, cremation, or removal)	Did injury occur about home, on farm, industri	al place, in publ
(c) Cemetery or crematory  Location Condeyantle, and	place? (Specify type of place) While at w	ork/
18 (a) Funeral director	(e) Means of injury	
(b) Address Syarly med.	23. Signature.	igned 14/3
19 DEC 1 - 1930 huntry to Williams, M.	Address area	FI.

and legibly

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

Registered No. 63459

(e) If foreign born, b	33 E. Bidde	yea
a it toreign nord, h	ou ang in o. a. rus	
ME	EDICAL CERTIFICATI	ON
20. DATE OF DEATH	11/29	1989 at 184.
21. I certify that death	occurred on the date abo	ventaged, that latten
ed deceased from	NOV 5 1939 . 10	193
	in alive on Mod 2	Duration
Immediate cause of deat	1 Hemmonhage	1 day
		, ,
Dur to Extrem	, Hypertusin Orti	in politic
Due to		
	A 1.12	
Other Conditions	have Brown to	
Emplyamotor	must be a month of deal	PHYSICIA
Major findings: Of operations	none	Underlies assets wh
Or operations		teath holle
Of autopsy	none	tie ally_
	to external capace, fill t	n the following:
(a) Accident, micid		
	, ,	
b) Date of occurrer	A che cire.	(County) tate
c) Where did injur	about home, on farm in	dustrial place, in pul

14 Maiden Name Succe

Cemetery of crematory

15. Birthplace

BALTIMORE	CITY	HEALTH	DEPARTMENT

Registered No.

Date signed 12-1-39

6 63460	F 63	460
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County Carroll	1
(c) Hospital or institution:	(c) City or town Westminster (d) City or town Westminster (lf outside city or town limits, write RURAL	
maryland general Hospital	(If outside city or town limits, write RURAL	and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) / 8 days	Street No. 100 E. Green St.	
(e) Length of stay in Baltimore (yrs., mos., or days) 18 "	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Yuy L. Fawler		
3 (b) If veteran, name war 3, (c) Social Security Account	MEDICAL CERTIFICATION	
No. 14-61-863	20. DATE OF DEATH December 1 1939	
Male S. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated ed deceased from 11-13 1937, to 12	- / 1939.
6 b) Name of husband or wife Maille &		37.
b ic It alive, give age years	Cardiae Failure	2 days
7. Birth date of deceased (mo., day, yr.) AUG-18-18-18-18-18-18-18-18-18-18-18-18-18-	Course out	
61 3 1412 hr. min.	Due to Durdenal alcer	15 yrs
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation TYPE SETTER		
11. Industry or business NEWSPAPER	Other Conditions	
12. Name Thomas A. Fowler	ilinclude pregnancy within 3 months of death)	PHYSICIAN
I3. Birthplace Md.	Major findings: Chronic Duodenal Ulcur	Underline the
14. Maiden Name Annie Kelley	Of operations 200	death should be
15. Birthplace Md.	Of autopsy	tically.
16 a Informant Hospital Records	22. If death was due to external causes, fill in the fol	lowing:
(b) Address	(a) Accident, suicide, or homicide	
17 (a) Buriel (b) Date thereof 12-4-39 (month) (day) (year)	(b) Date of occurrence (City or town) (Coun	ty) (State)
(c) Cemetery or cremator Westminster Sem	(d) Did injury occur about home, on farm, industrial	
Location Westmenter Md	place? While at worl	
18 a Funeral director form R. Byers	(e) Means of injury	
Walmenter, Hid	me m. Oca	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### BALTIMORE CITY HEALTH DEPARTMENT



Registered No.3461

00101	CERTIFICATE	OF DEATH 5	DOMOT
63461		2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland  (b) Street address.  (c) Hospital or institution:	. W	a) State M. d. b) County  (c) City or town  (d) County or town limits, write	RURAL and give town)
(c) Bospital or institution (d) Length of stay in hospital or inst. (e) Length of stay in Baltimore (yrs., 1	yrs., mos , or days Imo 30days	(c) City or town (If outside city or town limits, write (If rural give le (If rural give le (If foreign born, how long in U. S. A?	years years
3 (a) FULL NAME Wiss. Johnson Kothus 3 (b) If veteran, name was	in & wimann 3 (c) Social Security Account	MEDICAL CERTIFICAT	19 37 . at / = N KM
& Color of race   6   a	Single, married, widowed, or reed. of dis well	ed deceased from WT, 2+ 1939.	NAT. 30 1937.
1 1 1 an wife	If alive, give age years	Winteter & angrewa-	gena 3 ms.
8. AGE: Years Months	hr. min.	Due to Mishes Mellitas	Jy.
10. Usual Occupation	sure 1000	Other Conditions	PHYSICIAN
I globa a. With	or Haidel	Major findings:  Of operations	cause to whi death should charged stat
13. Birthplace  14. Maiden Name Elijakol  15. Birthplace  15. Birthplace	Winan	Of autopsy  22. If death was due to external causes, f  (a) Accident, suicide, or homicide	tically.
(b) Address 7 60; Pix	Date thereof 12 (month) (day) (year	(b) Date of occurrence (c) Where did injury occur? (City or townshout home, on farm	, industrial place, in pui
Location Batting	re maryland	place? (Specify type of place)  (e) Means of injury	Thile at work?
18 (a) Funeral director Address 7 433 (a) Address 7 433 (b) Address 7 4 3 (c) The first of the f	clair Cool	23. Signature  Wing Worker	Date signed

63462

### BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

59 Registered No. F 63462

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
b) Street address 1822 Chilton st. (c) Hospital or institution:	(c) City or town (If outside city or town limits, write RUR.	AL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	or Street No. 822 Retton of the rural give location of the foreign born, how long in U.S. A.?	yeam
3 (a) FULL NAME William E. Mil		-
3 (b) If veteran, name war  No. 11 15	MEDICAL CERTIFICATION  20. DATE OF DEATH  MOV 29 2 193	4. at 7. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married.  6 (b) Name of husband or wife Matilda Miller	21. I certify that death occurred on the date above stated deceased from 5/4/37 19 1. to 11/3 and that I last saw h / 7 alive on 1 1 / 29/3 9	ated; that lattend-
6 (c) It alive, give age / Lyears	Immediate cause of death	Duration +
7. Birth date of deceased (mo., day, yr.) Mar 12 1867	Diabetes Mallitus	Tupe
8 AGE: Years Months Days If less than one day  72 8 7 hr. min.	Due to	-
9. Birthplace Office, alexanted (Town, county, and state) 10. Usual Occupation 2s Tred deat Gent Supt	Due to	
11. Industry or business Americain to	Other Conditions 1990csodis1	
# 12. Name ames E. Miller	Olyclude pregnancy within 3 months of death)	PHYSICIAN
2 13 Birthplace Mark Mo	Major findings: Of operations	Inderline the
14. Maiden Name Hukaowa  15. Birthplace Vermont	Of autopsy	Seath he ald be hare defation to ally
1 5 21.21	22. If death was due to external causes, fill in the	-
h Address 722 Chilton	(a) Accident, suicide, or homicide	
16 a Informant  b Address  2 L Rilton  f  17 a Mickey  b Date thereof  (month) (day) (year)	(b) Date of occurrence (c) Where did injury occur? (City or town) (Co	ounty) (State)
(c) Cemetery or exemetory 9212 a mount	d Did injury occur about home, on farm, industria	al place, in public
Location Balto med	place? Specify type ( thinks ) While at we	
18 (a) Funeral director Wailliam Cook	(e) Means of injury	MOMBERG
(b) Address 27 St. Paul of	23. Signature	M. fo. /
19 a Date med by French 1909 the tienter Williams, A	BAddress 7000 Mellius Abate a	ingned 11/30/5
vs :		

63463

# CERTIFICATE OF DEATH



63400 CERTIFICAT	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH	a State Ind (b) County Baller	nore
Baltimore City, Maryland Elmondon Green Street address 11/3 Elmondon Green	B-Olivery	
Mospital or institution:		L and give town)
C) Florbital of Internation	M Storet No. 1113 Edwardson	ane
I Length of stay in hospital or inst. (yrs., mos., or days)	10	- 25 years
I length of stay in hospital of man, or days	If foreign born, how long in U.S.A.	years
Length of stay in Baltimore (vrs., mos., or days)		
FULL NAME JAMES GREEN	MEDICAL CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Accoun	20. DATE OF DEATH houseles 29 19 39	9 M /2 M
No.	20. DATE OF DEATH November - 7	mains described
4. Sex 5. Color or race 6 (a) Single, married, widowed, o	21. HIEREBY CERTIFY, That Itook charge of there	om the evidence
My Colord divorced humanes	above, held an thereon and from the reon and th	
to the Name of husband or wife Balkis Green	obtained by said and that said	deceased came
6 c If alive, give age year	to his death on the day stated above	
7. Birth date of deceased mo, day, yr	immediate cause of death	Duration
8 AGE: Yews Months Days If less than one day	Car many occloses	-1
48 hr. mi	n	
Brettel West Inde	Due to	
9. Berthplace Januara Brettoh West dul		
	One to	
10. Usual Occupation 11. Industry or business  The industry of business		
« (Idam C. Cheen	Other Conditions	PHYSICIA!
1 Bana Bay Jamaras	(Include programs within 2 months of death	
13. Herchplace Structure Walker		the to whi
14 Maiden Name	Of operations	dath head
15. Birthplace St. ans Bay- Jama		tical y
16 (a) Informant mo Balkia Gran	Of autopsy  22. It death was due to external causes, fill in the	following
16 (n) Internant 1113 Edwardon W	22. If death was due to extende	
Bruil Date thereof 12 - 2 - 3	Date of occurrence	
17 (m nth) (day) (ye		'ounty! (State
Cemetery or crematory W. Calvery	Did injury occur about home, on farm, industr	nal place, in pul
Location Cum afolis Blod	While at '	work)
Location com	place? (Specify a pe of place)	
10001 111111111111111111111111111111111	Means of injury	
18 (a) Funeral director	Nicans of mary	in !
18 (a) Funeral director von Icatia R. Wille DE Address 3 22. n. Selmochi M.	23. Signature 7 20 Medical F xur Date signed 25,1535	

Physicians: please write the causes of death clearly and legibly.

## CERTIFICATE OF DEATH

47209 SD

( Registered No.....

F 53454

b) Street add c) Hospital o Bal	City, Maryland 4940  dress or institution: timore City  stay in hospital or	Eastern Avenue  Hospitals  inst. (yrs., mos., or days)  (yrs., mos., or days)  Life	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Baltimore  (d) Street No. (lf rural give location)  (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NA	Noble Noble	Barnes    3 (c) Social Security Ac	medical certification
4. Sex	5. Color or race Colored	No. 6 (a) Single, married, widow divorced. Married	1 deceased from 8 - 7 1957, to 16 - / 1957.
	of husband or wife	6 c) It alive, give age	years   lamediate cause of death   Duration
	of deceased mo.,		min. Due to
	or business  George Mary  place  Har	(Town, county, and state)	Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  Dure  Of autopsy  PHYSICIAN  Underline the eause to which death should be charged statistically.
(c) Cen Local 18 (a) Fun	mant Records	b Date thereof (month) (da	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence

15 8



3465 CERTIFICATE	OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State Md (b) County  (c) City or town  (d) Smeet No. 2'( N Milton Ave  (lf rural give location)  (e) If foreign born, how long in U. S. A.? Life years
Thomas Wheeden Ford  3 (b) If veteran, name war  No. none	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV • 30  20. DATE OF DEATH NOV • 30
4. Sex white 6 (a) Single, married, widowed, or divorced. married  6 (b) Name of husband or wife Mary Ford  6 (c) If alive, give age years  7. Birth date of deceased mo., day, yr.) Dec. 18 1854  8. AGE: Years Months Days If less than one day  84 11 12 hr. min.  9. Birthplace Baltimore Md  10. Usual Occupation Retired  11. Industry or business  12. Name Lewis Ford  13. Birthplace Baltimore Md  14. Maiden Name Alice Wheeden	21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1939, to Nov 30 1939 and that I iast saw bettalive on Nov 30 1939.  Include a state of death occurred on the date above stated; that I attended on the Nov 30 1939.  Due to Due to Deglucian Duration  Other Conditions Myocardule  (Include pregnancy within 3 months of death)  Major findings: Of operations  Underline to cause to whit death should charged state.
14. Maiden Name  15. Birthplace  16 (a) Informant Mary Ford (Wife)  (b) Address 27 N Hilton  17 (a Burial (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Greenmount Jemt Location  18 (a) Funeral director Sully a Bule No.  (b) Address 40 3 S. Ale Se 14 15 15 16 16 19 (a)	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  (A) Address 60 4 6 Callisson Date signed

state CAUSE OF DEATH in plain OCCUPATION is very important.

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63466

-		1		1	-		
1	1	3	1	1	)	7	7

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1635 Fleete St	Registered No(If death occurred in
CITT OF BALTIMORE: (No	Ward)  Back of street and number.
Length of residence in city or town where death occurredyra	mos ds. How long in U. S. If of foreign birth? yrs. mon ds.
2. FULL NAME Victoria Suski	If U. S. Veteran apecify WAR
(a) Residence: No. 1635 Fleete St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed. or Divorced, (write the word) married	21. DATE OF DEATH (month, day, year) DeC.1.193919  22. I HEREBY CERTIFY, That 1 attended deceased from
5a. If married, widowed, or divorced IIUSBAND of Andrew Suski	I last saw her alive on Dec . 1 1939 Death in said
6. DATE OF BIRTH (month, day, year) Dec. 30 1879	to have occurred on the date stated above, at. 7. A.s.m.
7. AGE Years Months Days If LESS than 1 dayhrs.	The principal cause of death and related causes of importance were as follows:  Chrome Turproulities 244
8. Trade, profession, or particular kind of work done, as spinner. Housewife sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, At home naw mill, bank, etc.  10. Date decuased last worked at this occupation (month and year)	Other contributors of importance 449
12. BIRTHPLACE (city or town) Poland	Was an operation performed? Date of
Unknown Unknown	For what disease or Injury?
14. BIRTHPLACE (city or town) Poland (State or country)	What test confirmed diagnosis ? S. Was there an autopsy?
E 18. MAIDEN NAME UNKNOWN	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Poland	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT Andrew Suski (Husband)	Specify whether injury occurred in industry, in home, or in public
(Address) 1035 Figgte St	Manner of injury
Place Holy Rosary D. Dec. 4 39	Nature of injury
18. UNDERTAKER Zilly e Bliler INC (Address) 403 Re Brothe St	24. Was disease or injury in any way related to occupation of deceased?
26. FELETO. 10 Realistant.	(Signed) Shew 1. Scale William M. D. William 1802 State West

(a) FULL NAME	Joseph	p. )	Pajkin	
(b) If veteran, n		3	(r) Social Security Action.	count
Male	Color or race	6 (a) S divorc	single, married, widow ed. Married	red, or
S & Name of h	usband or wife	Th 6 6 1	eresa Hill If alive, give age 67	yeara
7. Birth date of d	ereased mo.	day, yr	July 4, 1876	
8. AGE: Years	Months	Days	If less than one d	min.
10. Usual Occup	ation	P. MALL	0	0
11. Industry or b	ເມດເກຕອດ	5081	county, and state) SS lar land aring	
11. Industry or b	uniness Artio II	Jkin	aring 0	
11. Industry or h	uniness Inrtio Fu	iriati	a, Austria na Baturich	
11. Industry or b  12. Name  13. Birthplac  14. Maiden 1  15. Birthplac	Name Ch	Jkin lmari risti almar	a, Austria	

#### te Laryland (1) County

2. USUAL RESIDENCE OF DECEASED:

- y or town Baltimore, Jaryland (If outside city or town limits, write RURAL and give town)

eet No. 3016 Elliott Street,

oreign born, how long in U. S. A.?

#### MEDICAL CERTIFICATION

TE OF DEATH DOG. 1, 1939 . al : 104 M ertify that death occurred on the date above stated; that I attendceased from NOV. 27, 1939, to Loc. 1. 1939.

hat I last saw him alive on Dec. 1, 19 39.

Duration iste cause of death ar peumonia-type 3 8 days ...

r Conditions

(Include pregnancy within 3 months of death) r findings:

or.e operations autopsy Same as above PHYSICIAN

Underline the ause to which death should be harged statis-

f death was due to external causes, fill in the following:

- Accident, suicide, or homicide
- Date of occurrence
- Where did injury occur?

(County) (City or town)

- Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place)
  - Means of injury

Signature

Marina Lours Date signed 12-1-39

VS 3

63468

BALTIMORE CITY HEALTH DEPARTMENT



### CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED:

RB

PLACE OF DEATH:  i) Baltimore City, Maryland	(a) State Md. (b) County
) Street address 4940 Eastern Ave.  Hospital or institution:  Bal timore City Hospitals	(c) City or fown No Home (If outside city or town limits, write RURAL and give town)  (If Street No
Bal timore (22)	A Street No. (If rural give location)
d) Length of stay in hospital or inst. (yrs., mos., or days)  4 yrs., 1 mo., 3 days  c) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
(a) FULL NAME William Clark	MEDICAL CERTIFICATION
3 (c) Social Security Account No.	20. DATE OF DEATH howender 30 1939 at 9 P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, divorced. Single	. AF 1 1433 to
Male White  6 (b) Name of husband or wife  6 (c) If alive, give age year	and that I last saw have alive on Duration
7. Birth date of deceased (mo., day, yr.) Oct. 25, 1875	Hy pertensive Cardiovascular Unase unlessones:
A ACL Team Mountain	nin. Due to
9. Birthplace Baltimore, Md.	Due to
10. Usual Occupation None	Other Conditions actions denses PHYSICIAL
12. Name John T. Clark 13. Birthplace Ireland	(Include pregnancy within 3 months of death)  Major findings:  Of operations.  (Include pregnancy within 3 months of death)  Underline to substitute to white death should
H 14 Maiden Name Rose Clark	Of autopey part done . charged state tically.
15. Birthplace Ireland	22. If death was due to external causes, fill in the following.
16 (a) Informant Records (b) Address Balto, City Hospitals	(a) Accident, suicide, or homicide  (b) Date of occurrence
Burial (b) Date thereof Dec. 4/  (Burial, cremation, or removal) Abingdon	year) (c) Where did injury occur? (City or town) (County) (State
(c) Cemetery or crematory Abingdon Md.	place? (Specify type of place)
18 (a) Funeral director 2014 Lecture 118	(e) Means of injury  23. Signature  M. D.
WFC 2 - 1020b) the time to Million	But Madress Mallo City Date signed 12

F 63469

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63469

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State West (b) County	
6) Street address 300 sull flores ling	(c) City or town / Saltimor	
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RUR	AL and give town;
	& Street No. 300 20 Korus a	luis
d Length of etay in hospital or inst. (yrs., mos., or days)	(If rural give location	
(e) Length of stay in Baltimore (yrs., mos., or days)	(A If foreign born, how long in U. S. A.)	yeare
3 (a) FULL NAME		
Mary Hoffman	- AMERICAN CERTIFICATION	JI D
3 (b) If veteran, name war / 3 (c) Sold Security Account	MEDICAL CERTIFICATION	170
No.	20. DATE OF DEATH MA Enober 30 103	9 at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the r	emains described
F W divorced sincle	above, held an Mulapry thereon and fr	
2: 19	(Autopsy of Inquiry)	
6 (b) Name of husband or wife Angel	obtained by said (Autopsy or Inquiry) find that said	d deceased came
6 (c) If alive, give age yeara	to. An death on the day stated above.	
7. Birth date of deceased mo, day, yr Jewis 1861		D
8 AGE: Years Months Days If leas than one day	Immediate cause of death	Duration
7 <b>9</b> hr min	Dun.	
Menangana	Burns	-
9 Birthplace (Town, count and state)	Due to	
10. Usual Occupation	Due to	
Tr. maustry of business		196
E 12. Name	Other Conditions	- 11
13. Birthplace		PHYSICIAN
· · · · · · · · · · · · · · · · · · ·	(Include pregnancy within 3 months of death)	3
14. Maiden Name	Major findings: Of operations	Underline the
\$ 15. Birthplace	Cropetations	death should be
	04	charged state
16 (a) Informant Marie, Wagner.	Of autopsy	tically
1 Address 3525, E fairneton	2.22. If death was due to external causes, fill in the	
17 (a) (b) Date thereof 2,2, 1939	a Accident, suicide, or homicide A _ Accident	was of
Burial cremation, or removal (month) (day) (year)	(b) Date of occurrence 11/34.59	
Tala Park	(c) Where did injury occur? 307 4	es any
Cemetery or crematory	(City or town) (Co	unty) al place, in public
Location 13 guinoue, 1101	WILD	/ .
18 (a) Funeral director dely 2 3uly INC	place? While at Wi	× 15 13
1/02 1/ 09/2010 08	(e) Means of injury latters (lugar	on well
DEO D sagar	23. Signature , Www. Letsup	M.D.
Del 2- 37	Date signed 2/1.39 Medical Examin	afere
Charles and American I form		

13470



1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address myman Park Drive and 31st St.		2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County			
(c) Hospital or in	netitution:			(c) City or town Baltimore, Larylan	(C) (AL and give town)
U. S. Mar	rine Lospi	tal, Baltimore	, Md.	1518 Li ht St.	
(d) Length of sta	v in hospital or i	net. (yrs., mos., or days	7 days	(If rural give location e) If foreign born, how long in U. S. A.?	1)
(e) Length of stay	y in Baltimore (	yrs., mos., or days lif	etime	e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME		chael Conway			
3 b) If veteran, s	name war	3 (c) Social Securi	ty Account	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 29, 19	59.a6:45P M
4. Sex   5.		6 (a) Single, married, w divorced. Single		21. I certify that death occurred on the date above at ed deceased from Nov. 22, 19.39, to No.	ated; that lattend-
6 h Name of h	usband or wife			and that I last saw h ill alive onlive 29.	19 39 .
		6 c) If alive, give age ay, yr.) arch 7,	yeare 1888	Immediate cause of death Inanition	Duration 7 mo.
8. AGE: Years 51	Months D	2 If less than 6	one day	Due to Intestinal obstruction	7 mo.
9. Birthplace 10. Usual Occup	pation Bart	d Town, county, and state) ender	thir	Due to Carcinoma of stomach with implants to peritaneum and admesions Other Conditions	Unknown
11. Industry or b					PHYSICIAN
	ichael J.			(Include pregnancy within 3 months of death) Major findings:	Underline the
2 13. Birthplac	e Baltimor	e. Md.		Of operations	cause to which
14 Maiden	Name Maggie	Quin			death should be charged statis-
14. Muiden I 15. Birthplac	2014:	more, Maryland	1	Of autopsySar e as above	tically.
16 (a) Informar	ne lecords-	U. S. Marine I	lospital,	(a) Accident, suicide, or homicide	following:
17 (a) (Burial, cre (c) Cemeter Location 18 (a) Funeral	ry or creminal	y Halan	which	(b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industry place?  (Especify type of place)  (e) Means of injury  23. Signature  (7. M. 14. Ar durence)	work?
DEC 2	- 1939 <sub>(b)</sub>	HE TO THE	Liame, M.	23. Signature 7.73.76. Waring Hospital Date	signed 1 1/50/3

### HEALTH DEPARTMENT-CITY OF BALTIMORE 63471

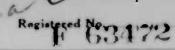
1. PLACE OF DEATH  CITY OF BALTIMORE: (No. 34/9 QLD TO  Length of residence in city or town where death occurred Three.	6 atreet and number.) 6 mos. 2/da. How long in U. S. If of foreign birth? yrs. mos. de. 11 U. S. Veteran
(a) Residence: No 34/9 Octo 10  (Unual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	St., Ward. (If non-resident give city or town and State)  MEDICAL CERTIFICATE OF DEATH
5. Single, Married, Widowed or Divorced (write the world.  5a. If married, widowed, or divorced Hickian D of Oscar & Care	I HEREBY CERTIFY. That I attended deceases from 1939 to 1939 I test saw her alive on 2000 279, 1939 Death is said
6. DATE OF BIRTH (month, day, year)  7. AGE  Years  Months  O  R. Trade, profession, or particular kind of work done, as spinner, asawyer, bookheeper, etc.  9. Industry or business in which saw mill, bank, etc.  10. Date decensed last worked at this occupation (month and year)  (State or country)  12. HIRTHPLACE (city or town)  (State or country)  13. MAIDEN NAME  HIRTHPLACE (city or town)  (State or country)  14. HIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. CRIMATIO O AEMOVAL  Plan  17. AGE  Years  Months  Date  18. Trade, profession, or particular  kind of work done, as spinner, asayyer, bookheeper, etc.  9. Industry or business in which saw mill, bank, etc.  16. Total time jyears) apent in this occupation of the profession occupation occupation.  17. Total time jyears) apent in this occupation occupation.  18. MAIDEN NAME  HIRTHPLACE (city or town)  (State or country)  19. MAIDEN NAME  LUNDERTAKE  (Address)	to have occurred on the date stated above, at 7. m.  The principal cause of death and related causes of importance were as follows:

E WRITE PLAINLY WITH UNFADING INK. Every from of information hould be carefully supplied age to possibly and legibly

VS 6

	•	D:	- 6.	1 10
1		1	4 14	20
t	1	3.6		

### CERTIFICATE OF DEATH



1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 4 Y1. Stock for At (c) Hospital or institution: Franklin Ognore Hispital	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town (If out ide city or town limits, write RURAL and give town)  (a) Street No. 4 m - 5 fockfor M  (If rural give location)
d Length of stay in hospital or inst. (yrs., mos., or days arms.)	(c) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Ransoft Johnson	
3 (b) It veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH /2-/- 1939, at/0.30AM
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced.  6 b) Name of husband or wife 6 c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)	21. IHEREBY CERTIFY. That Itook charge of the remains described above, held an cut fey thereon and from the evidence (Autopsy or Inquiry) find that said deceased came to him death on the day stated above.
8. AGE: Years Months Days If less than one day hr. min	Immediate cause of death  Solver Prannona  Duration
9 Birthplace (Town, county, and state)  10. Usual Occupation  11 Industry or business  12 Name	Due to Respecting Stofestion.  Due to  Other Conditions
13. Birthplace Surface Baking dead on arrival	Of autopsy  (Include pregram y within 2 months of death  Major findings:  Of operations  Underline the case to which death abould be charged statistically
17 (a terral eremation or removal)  18 (a) Funeral director  (b) Date thereof tm n(h) (day) (year)  18 (a) Funeral director	22. If death was due to external causes, fill in the following:  in) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City ir tewn) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) While at work?  (d) Means of injury
19 DEC 2- 1339 Huntington Milliams, M.	23. Signature Armond Medical Examiner  Date signed 12-1-39  Medical Examiner

### HEALTH DEPARTMENT-CITY OF BALTIMORE

63473	CERTIFICATE	OF DEATH	107 w	F 63473
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1)	u. bar	7 sill-7	Kard)	tered No
Length of residence in city or town where de-	ath occupied / 4 yra m	onda. How long in 1	U. S. If of foreign bis	street and number.)
2. FULL NAME Harriett	- Carter		II U. S.	Acterant
2. FULL NAME TO COLOR				
(a) Residence: No. No. (Unual place)			(If non-resident give	elty or town and State)
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE (	
F Color or Race 5. Sin or Dive	gle, Married, Widowed, preed (write the word)	21. DATE OF DEATH (		attended deceased from 192
Sa. If married, widowed, or diverced HUSBAND of (or) WIFE of	Carter	I tast saw h W alive or	mv. 30	19.39 Death is as
6. DATE OF BIRTH (month, day, year)	and the	to have occurred on the d The principal cause of dea	th and related causes of	of Date of on
52 7 /	S 1 dayhra.	Brond	ho Inem	e min /27.
8. Trade, profession, or particular kind of work done, as spinser, sawyer, bookkeeper, etc.	ook the	AND DESCRIPTION OF A STATE OF THE STATE OF T	7	- A
work was done, as ailk mill, saw mill, bank, etc.  10. Date deceased last worked at the occupation (month and.	Total time (years) spent in this occupation	Other contributory canona	of importance:	
12. BIRTHPLACE (city or town) Jane (State or country)	7 0	Was an operation performed?	210 Dec	. of
18. NAME lange how W	ally	For what disease or injury? Name of operation	2 25he	and to have to the advantage of the same and
14. BIRTHPLACE Testy or town) Da (State or country)			o external causes (vi	s there an autopsy 2 delence) fill in also the
15. MAIDEN NAME CLIVER		Accident, suicide, or hor		of injury
State or country)	va f		A STANSON MANY	or town, county, and State ry, in home, or in pu
(Address) 818 2. Ca	Lan Xenos	Manner of injury	en e e e e e e e e e e e e e e e e e e	
18. BURIAL CREMATION. OR REMOVAL	- Dec 1 109	Nature of injury		
18. UNDERTAKER JOSEPH 9	Lively /	200 If so, spe	(	right .
1. 1999 C. 2- 1939 tenting	Mainus, Mar	(Signed)	209Pn	oshi a

HEALTH DEPARTMEN	T-CITY OF BALTIMORE
F 63474 CERTIFICAT	re of Death 05-3 F 63474
1, PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. 1625 W Prac	
Length of residence in city or town where death occurred	mos. da, How long in U. S. If of foreign birth? yrs. mos. ds,
2. PULL NAME Larah & Davi	7 If U. S. Veteran apecify WAR
(a) Residence: No. 1 5 LJW Pratt S	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) NOV. 29, 1939  22. I HEREBY CERTIFY, That I attended deceased from  Sept 1, 1939, to Nov 29, 1939
BUSHAND of Walter of Davis	I last saw hat alive on Nrv. 29 1 1934 Death is said
6. DATE OF BIRTH (month, day, year) Dept-28-1879	to have occurred on the date stated above, at 11.P. m.  The principal cause of death and related causes of
Days If LESS than I day, hre. or min.	Surveyte Bacterial Endreadin Sept 1919
8. Trade, profession, or particular kind of work dime, as spinner. Source P. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Inte decensed last worked at this occupation (month and year)	Other contributory consec of importances:  arterior dustre 11 and Discus 1937
12. BIRTHPLACE (city or town) (State or country)	Was an operation performed? Date of
# 13. NAME James Semone	For what disease or lujury?
13. NAME Services  14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis Was there an autopsy 23. If death was due to external causes (violence) fill in also the fol-
E 15. MAIDEN NAME Finie adam.	lowing: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
(Address) ( ) LF w frant St-	place
TO BURNESS CREMATION OF PENOVAL	
Place mondon Park Date Dec 2 89	Nature of Injury
10. UNDERTAKER LIS Z-Duyer W	24. Was disease or injury in any way related to occupation of deceased?  If so, specify

(Signed).

206 s. grlun

M. D.

state CALSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of criffic to the control of the control

### HEALTH DEPARTMENT—CITY OF BALTIMORE

63475 CERTIFIC	TATE OF DEATH 59 F 63475
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. 535 & Mor	of street and number.)
Length of residence in city or town where death occurred 3.yrs.	mos. da. How long in U. S. If of foreign birth? yra mos. de.
2 FULL NAME Theresa Van	apecity WAR
(a) Residence: No. 535 8 Mons (Unual place of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. Color or Race 5. Single, Married, Widow or Dirocced (write the way	22. I HEREBY CERTIFY. That I attended deceased from
11 married wishing or discreed Paulus	I had naw 24 alive on 1939
S. DATE OF BIRTH (month, day, year) 11 LESS th	to have occurred on the date stated above, at
1 dayh	" Leelotes, melletes 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at   11. Total time (years)	Other contributory canars of importance:
this occupation (month and spent in this occupation	Was an operation performent to Date of
(State or country)  15. NAME Jahry Karl	For what disease or injury?  Name of operation
14. BIETHPLACE (city or town) germanic (State or country)	23. If death was due to external causes (violence) fill in also the fol-
16. HERTHPLACE (city or town) Acroman	Accident, suicide, or homicide? Date of injury., 19
(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
(Address) 535 Monny	Manner of injury
Place New Cathedrate 12/4/	Nature of injury  24. Was disease or injury in any way reinted to occupation of deceased?
18. UNDERTAKER O. D. Com ston (Addresse) 21 W. 25 # 8 #.	(Signed) Slevenin Weller M. D.
20 DEC 2-1939 the ting for Williams	(Address) 50 Wilkense

	T-CITY OF BALTIMORE
63476   CERTIFICA	TE OF DEATH 03 F 63476
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. 2104 Villam	of street and number
Length of residence in city or town where death occurred Lyrs.	mosds. How long in U. S. If of foreign birth? yrs. mos.
2. FULL NAME Stonge Villiam	Neber
(a) Residence: No. 2/07. Nulkers Un (Usual place of abode)	St., Ward. (If non-resident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) December, 19
More Notice Widowed	22. I HEREBY CERTIFY, That I attended deceased March (?). 1935. to December 1, 18
5a. If married, widowed, or divorced HUSHAND of Order William V of the Company of	I last raw harvalive on Nov. 3,
6. DATE OF BIRTH (month, day, year) Od 16, 1885	to have occurred on the date stated above, at 7:50 Am.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
54 1 / 14 1 day, hrs. or min.	Coronary Thrombosis
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Inte deceased inst worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Balty	Other contributory causes of importance:
(State or country)	
11. NAME George Edward Water	Name of operation Date of
State or country)	What test confirmed diagnosis? — Was there an autopsy?
w	00 10 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1
15. MAIDEN NAME and Estelle Suchmen	- 23. If death was due to external causes (violence) fill in also the lowing:  Accident, suicide, or homicide?
5 16. BIRTHPLACE (city or town) Ballings	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Bally 17. INFORMANT Bay Neber (Bottom)	Accident, suicide, or homicide?
16. HIRTHPLACE (city or town) Ballings (State or country)  17. INFORMANT Bay Neber (Bothw) (Address) 309 S Pulaski St.	lowing: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Ballings (State or country)  17. INFORMANT Bay Weber (Bothw) (Address) Soy & Pulaski St.  18. BURIAL, CREMATION, OR REMOVAL	lowing: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Ballings (State or country)  17. INFORMANT Bay Weber (Bothw) (Address) Soy & Pulaski St.  18. BURIAL, CREMATION, OR REMOVAL	lowing: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Salings  17. INFORMANT Bay Neber (Bother)  18. BURIAL CREMATION, OR REMOVAL  Place New Catherina Date Date 3. 1.3	lowing: Accident, suicide, or homicide?

### HEALTH DEPARTMENT—CITY OF BALTIMORE

F 63477	CERTIFICAT	E OF DEATH 23 E COASS
1. PLACE OF DEATH	19	Registered No.
CITY OF BALTIMORE: (No. 607)	NUT	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
	100	ds. How long in U. S. If of foreign birth?
		office war
(a) Residence: No. 6070	Note 100	Ward 0 - 2/2-/5-2363 (If non-resident sive city or town and State)
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH
Associated of Dimends	arried, Widowed, (write the word)	21. DATE OF DEATH (month, 'day, year)  22. I HEREBY CERTIFY, That I attended decensed from
Sa. If married, widewed or divorced HUSBAND of Maria Coll	ins!	I last saw handlive on
6. DATE OF BIRTH (month, day, year Charle	10-100	to have occurred on the date stated above, will in
7. AGE Years Months Days	If LESS than I day,hrs.	The principal cause of death and related causes of importance were as follows:
8. Truck, profession, or particular	ormin.	Julionomary 45. 1/34
kind of work done, ad spinner. A Co Conwyer, bookkeeper, etc.	0 0	0 1
5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	MONY	Other contributory causes of importance:
B   18. Date deceased last worked at this occupation (mouth and spec	ime (years) t in this	1 . 0 11 1
(1) (1) (1)	S /	Cardea e may 15-1/2
12. HIRTHPLACE (city or town)	100	Was an operation performed? Date of
E IL NAME MOOD alles	-	For what disease or injury?
E 14. BISTRPLACE (city or A)	201	Name of operation
(State or country)	Dong.	What test confirmed diagnosis? Was there an automy?  23. If death was due to external causes (violence) fill in also the ful-
E 15. MAIDEN NAME JESSEE	Carley,	Accident, suicide, or homicide?
State or country	180 001g	Where did injury occur? (Specify city or fown, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT JUSTING	Lossen	place
6070 1000	my	Manner of Injury
Black Carry Date 12	5-39	Nature of injury
18. UNDERTAKING A TRAVELS (W. J.	Hempley	24. Was disease or injury in any way related to occupation of deceased?
(Address) 578 Dr. 13000 Dr	Mill. T.	(Signed Supress Work M. D.
28. 111DEC 2 - 1939 Junting	Redstrar.	1 1- months 208 and alm

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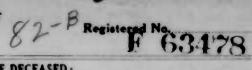
Deltimore City, Maryland

b) Street address 4940 East

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

•



a) Baltimore	City, Maryland		(a) State Maryland (b) County	
b) Street add	1940 E	estern Avenue		
r) Hospital or			(c) City or town Baltimore (If outside city or town limits, write RUR	AL and give town
Bal timore	e City Hos	pitals		
		r inst. (yrs., mos., or days) 1 day	No. 2116 McCulloh St.	)
		(yrs., mos., or days) life	(e If foreign born, how long in U. S. A.)	years
		yrs., mos., or days	Total foreign both, now long in C. S. 747	7
(a) FULL NAI	me West			
3 (b) If veteran		3 (c) Social Security Account	MEDICAL CERTIFICATION	
		No.	20. DATE OF DEATH Mccurbes 1 1930	9 . at 7 A M
I. Sex	5. Color or race	6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above ste	ted; that lattend-
Famale	Colored	divorced. Widowed		ac 1 1939.
b Name of	husband or wife	James (d)	and that I last saw has alive on Mc	19 39
		6 (c) If alive, give age years	Immediate couse of death	Durotion
7. Birth date o	f deceased mo.,	day, yr.)	Cerebral Atrombonia	foldays
8. AGE1 Yea	Months I	Days If less than one day		_
53	10 24	hr. min.	Due to	
9. Birthplace	Md.			
		(Town, county, and state)	Due to	
II. Industry of	upation H.		Other Conditions . Hyperteurum	when.
				PHYSICIAN
12 Name		ews	(Include pregnancy within 3 months of death)  Major findings:	
13 Birthpl	ace Md.		Of operations	Underline the
14. Maiden	Name ?			death should be
15. Birthple			Of autopsy. hat done	tically.
16 (a) Inform	Page	ords	22. If death was due to external causes, fill in the	following:
		ore City Hospitals	(a) Accident, suicide, or homicide	
17 (a 154	weak	(b) Date thereof 1 2 - 4 - 39	(b) Date of occurrence	
	remation, or rema-	(month) (day) (year)	(c) Where did injury occur? (City or town) (Co	unty) (State)
(c) Cemete	ery or erematory	mi calvery	(d) Did injury occur about home, on farm, industria	
Locatio	on W.U.	62. mg.	place? While at wo	ork?
18 (a) Funera	l director MY	g Frances 4 Mus	(e) Means of injury	
(b) Addre	. 5782	1. Buddy At	23. Signature 7 mo aghelile	
19(4)	1000	miting for Milleaus, H.F.	9	M. D. igned/2-1-39
U (Date A	M by Might	Registrar	Address Action of 100 miles	Ruca
VS 3				Town to be

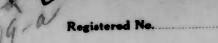
# CERTIFICATE OF DEATH



-	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  Baltimore City, Maryland  Street address  Hospital or institution:	(a) State Ma (b) County  (c) City of town Baltimore  (d) Gutside city or town limits, write RURAL and give town 1  (d) State Mo. 60 E Randall St.  (d) rural give location;
(e) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME  Mary  Gorial Security Account  No.	20. DATE OF DEATH 22 1939, at 9 - RM
4. See 5. Color or tace 6 (a) Single, married, widowed, or divorced. What divorced. What of husband or wife for If alive, give age years	ed deceased from per 1939  and that I last saw h walive on Dir 1939  Duration
7. Birth date of deceased mo. day, yr.) bc. 14, 1963  8. AGE: Years Months Days If less than one day hr. min.	generalizes arteres consider
9. Birthplace Dallo Ma 10. Usua Occupation NON 11. Industry or business	Other Conditions  Other Conditions  Other Conditions  Other Conditions  PHYSICIAN
12. Name Michael Control	(Include pregnancy within 8 months of death)  Major findings:  Of operations  Underline to which the should harged the tically.
14. Maiden Name atherine Mc Miles  15. Birihplace  16 (a) Informant Mrs. Jas Cherry  (b) Address 60 E. Randale Atherine  18. Address 60 E. Randale Atherine	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide accidents  (b) Date of occurrence no 26.39
17 (a) Burial (b) Date thereof (month) (day) (ye) (c) Cemetery or crematory M Divel  [c] Cemetery or crematory M Divel  [c] Cemetery or crematory M Divel	(d) Did injury occur about home, on farm, industrial place, in purple of place?  While at work?  (Specify the of place)  Buth Rom full
18 (a) Funeral director Margary St. Alagor (b) Address 1422 days St.  (b) Address 1422 days St.  (c) Di C 3 - 1938 (rar, b) Hunting to Milionery	23. Signature M. L. Lubrich M. M. Address YY W madium ar Date signed;

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### CERTIFICATE OF DEATH



. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
	(a) State Med (b) County Ball 6	Ø
Marine & Alson	4. Busy ml	
b) Street address	(c) City or town Dength M.	L and give town)
(c) Hospital or institution:	0/	
June 10 1	(d) Spectio. (If rural give location)	*****
(d) Length of stay in hospital or inst. (yrs., mo, or days)	71	years
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	7.2
. 00 0		X
3 (a) FULL NAME Plusting Brown	· · · · · · · · · · · · · · · · · · ·	
3 (b) If veteran, name was 3 (c) Social Security Account	MEDICAL CERTIFICATION	G M'-
No.	20 DATE OF DEATH Dec 193	9, at N. SOAM
6 (a) Single married, widowed, or	as I will about a death occurred on the date above ata	ted; that I attend-
F. Color of tace divorced. Bal	ed deceased from Nov. 09 1937 to Lie	K 191.1.27
I Charles of the control of the cont	and that I last saw has alive on AA part	1957.
6 (b) Name of husband or wife		Duration
6 (c) It alive, give age	10 Premocosano Mennado	- 4 Day
7. Birth date of deceased (mo., day, yr.)	J. J.	
8. AGE: Years Months Days If less them one day	D	
4 % br. mir	n. Due to	
a Butoles Maryland	D	
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	
II Industry or business		PHYSICIAN
# 12. Name Raymond Brown	(Include pregnancy within 3 menths of death)	
	Major findings:	Underline the
13. Birthplace	Of operations	death should be
E 14. Maiden Nama Hennreitta Reid		charged statis-
No.	Of autopsy	•
16 (a) Informant Hennrietta Brown	22. If death was due to external causes, fill in the	youowing:
16 (a) Informant	(a) Accident, suicide, or homicide	• • • • • • • • • • • • • • • • • • • •
(b) Address Dange Mai	(b) Date of occurrence	
17 (a) Gurial (b) Date thereof (month) (day) (yes	ar) (c) Where did injury occur? (City or town) (C	County) (State)
(Burial, cremation, or removed)	A Did injury occur about home, on farm, industr	rial place, in publi
(c) Cemetery or comatory survey W. Cemv.	While at v	work?
Location Dengue Mai H When	(Specify type of place)	
18 (a) Funeral director Mrs. Col. Elliste No.	(e) Means of injury	
110 9 Carrend M.	23. Signature	M., D,
(b) Address // 47 (1)	Date Date	signed /2/1/3
19 (c) The resident of the first of the search of the sear	Address   Address	
Herris	. / /	The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH F 63481 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: u State Baltimore City, Maryland 11. teellon le (b) Street address. (c) Hoscital or institution: (If rural give location) (c) If foreign born, how long in U.S.A.) d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yes, mos, or days). MEDICAL CERTIFICATION 20. DATE OF DEATH / Weren 30 1237. at 3 a FULL NAME 21. IHEREBY CERTIFY, That I took charge of the remains described N218-10-5256 3 h li veteran, name war above, held an fur of influence thereon and from the evidence 6 (a) Single, married, widowed, or 5. Color or race find that said deceased came named divorced 4. Sex wh obtained by said (Autopsy or Inquiry) 6 1 Name of husband or Alice m to has death on the day stated above. 6 o If alive, gi Gb+ 35 years Long orain Immediate cause of death 7. Birth date of deceased mo. day, yt If less than one day 8 AGE: Years Months Ballimore 9 Birthplace 10. Unual Occupation Steel Horher Industry or business Elasta Eng (Include ir grant y within 3 month of d ath A Locky Truly loude Major findings: 13 Birthplace 14 Maiden Name Zeels Of operations 15. Birthplace / The Land Control of the Control 12. It death was due to external causes fill in the following Accident, suicide, or homicide, 16 (a) Informant. (b) Date of occurrence 13039 Date thereof 12-4-39 (month) (day) (year) Where did injury occur? Callison 201 Kentoe IT bi Address Did injury occur about home, on farm, industrial place, in public Cemetery or crematory Balto halional place? ... lusurd While at work? Means of injury fell 30 feet from raffold Frederich Bre 18 (a) Funeral director Hobert Brooks & Son 23. Signature VIX was 14 Date signed A hutugter lolliaus

Duration

PHYSICIAN

Underline the

death should be

charged statio

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### CERTIFICATE OF DEATH



<u> </u>		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Beltimore City, Maryland	(a) State Md (b) County	
(b) Street address	(c) City or town Loveville	
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL	(If outside city or town limits, write RURA	AL and give town)
PULKO HOFKING GUOFITAL	Advotreet No.	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location	)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME agnes Banks		X
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	18
No	20. DATE OF DEATH Dec 2 193	9 at 11 a M
4 Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	ted; that lattend-
Finale Beach divorced.	ed deceased from 100 21 1939 to 10	ec 21939.
6 (b) Name of husband or wife	and that I last saw her alive on Dec 2	19 3 9.
6 (c) If alive, give age years	Immediate couse of death	Duration
7. Birth date of deceased (mo., day, yr.) 5-22-10	Subacute atrophy of the	4 1412.
8. AGE: Years Months Days If less than one day	uve	
29 6 11 hrmin.	Due to asserved possessing	_
9. Birthplace Md	[Neoran tenature]	-
(Town, county, and state)	Due to	
10. Usual Occupation Halls wark	Other Conditions Syphilis	
11. Industry or business	Other Conditions	- HARRICIA W
12. Name Joseph Bank	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace nd,	Major findings: Of operations	Underline the
14. Maiden Name Manue ?	Of operations	death should be
15. Birthplace md	Of autopay	charged statis- tically.
	22. If death was due to external causes, fill in the	following:
16 (a) Informant Political	(a) Accident, suicide, or homicide	
(b) Address	(b) Date of occurrence	
17 (a) Louise (b) Date thereof (month) (day) (year)	(e) Where did injury occur?	
(c) Cenatery or crematory	(City or town) (Co	
Location / Control of the control of	place?	
1111111	(Specify type of place)	-
16 (a) Funeral director	(c) Means of injury	**************
(b) Address,	23. Signature	M. D.
19 (4) - 6 9 - 10/349	Address V 17 M 4 HOTO. Date si	igned 12201

## CERTIFICATE OF DEATH

R.63483

	And the second s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State (b) County	
1) Street address 4/14 Thelay ave	-	
(c) Hospital or institution:	(c) City or town	L and give town)
	2114 Physle Per	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 911 ( and rural rive lecetion)	
	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days)	( (e) it totelet both, now long in c. c. van	
3 a FULL NAME ita a Dudley	AND THE ATTION	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No	20. DATE OF DEATH Dec. 1, 1939	, at 6:45 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d, that lattend-
7 Ir divorced marsied	ed deceased from 11-27 1939, to Dec	2. / 1939.
6 1 Name of husband or wife Frank H. Lludley	and that I last saw her alive on see . / 19	37.
6 c If alive, give age 53 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Llec 7-1886	Chr. myocarditis	6 rus.
8. AGE: Years Months Days If less than one day	Car. myserrans	6 rue.
53 hr. min.	Due to Brovelietasis	2 yes
9. Birthplace Hashington LC	0.1	
(Toyh, count), and state)	Due to Chr. Brouchitis	5 mrs.
10. Usual Occupation / Yoursenry		
11. Industry or business	Other Conditions	
12. Name 7 1.	(Include pregnancy within 8 months of death)	PHYSICIAN
13 Birthplace Washington	Major findings:	Underline the
	Of operations	leath should be
E 11. Marden 1 am 5	01	harged statis- tically.
15. Birthplace Washington LC	Of autopsy	-
16 (a) Informant Frank H Whidley	22. If death was due to external causes, fill in the fo	onowing.
(b) Address 3/14 Chesley any	(a) Accident, suicide, or homicide	:
17 A Busel de Date thereof 12-3-39	(b) Date of occurrence (c) Where did injury occur?	
(Burial, cremation, or removal)	(City or town) (Cou	
(c) Cometery or crematory Congeninal Cem	(d) Did injury occur about home, on farm, industrial	
Location or ashington IC.	place? While at wo	
18 (a) Funeral director Robert Brooks Son	(e) Means of injury	
(b) Address Calheren & Hollins sto	23. Signature	M. D.
19 (a) 2 10 20 (b)	Address 62 Harfred ld Date oil	med /2-2.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	100
(a) Baltimore City, Maryland	(a) State (b) County	()
b) Street address		
Hospital or institution:	(c) City or town Cutting to the RER	AL and give town)
Church Home & Defermany	(If outside cits or tawn fluits, write Real (d) Street No. 1 Calk in A (1) (1) friend give location	W.
ar days / 17/11	(d) Street No. / ilf gural give location	1)
d) Length of stay in hospital or inst. (yrs., mos., or days) 12 16	(c) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	(c) it totalga over the	-
Lacharah Durale ZACHA	RIAH K. DUVALL	
		2000
Mi veteran, name war	20 DATE OF DEATH /2/2 190	37. at 7 M
Sex 5. Color or race 6 (a) Single, musted, widowed	of les to the death occurred on the date above at	ated, that lattend-
6. Sex 5. Color or race divorced. Just My	ed deceased from // 19 V., to / ~	1 000
1/10/1/5 2 11-61	1/- 11	1937.
h Name of musicality	are Immediate cause of death	Duration
tol 12/18/6	Corein un Tosis	
Birth date of deceased (mo, day, yr.) FW- 17 18 6		
AGE: Years Months Days	nin. Due to Co. 17 Carana	3-7900
53 19 Well hid	nin.	_
Birthplace A Pown, county, and the	Due to	
Birthplace A Rown, county, and date.  Occupation Ally	0	
10. Usual Occupation	Other Conditions	
	a march of death)	PHYSICIAN
12. Name Jules Aguralle	(Include pregnancy within 3 months of death)  Major findings:	('nderline the
13. Birthplace Wife Margiani	Of operations	cause to which
X 1 1 6001		jeath hould be
14. Maiden Name with with	Of autopsy	tically
15. Birthplace Missengton no	22. If death was due to external causes, fill in the	e following:
16 a Informant Walsam of fourth Latte	(a) Accident, suicide, or homicide	
16 a Informant Welson & Secretary Tong Latte	(a) Active (b) Date of occurrence	
17 (a) (b) Date thereof (munth) that the Burial cremation or remarks)	(c) Where did injury occur? (d) Did injury occur about home, on farm, indust	"ounty) (State)
(e) Cemetery of crematory	While at	work?
Location lunafore my	place? (Specify type of place)	
18 (a) Funeral director Color Augustin		
7 68 / 4// 1 1878	23. Signature	M. D.
(b) Address , COS / Factions 1	Address C Alac fint. Date	nigned 2 2 3
19 10 _ 1934 Butting or fill alling	Address Comments The First Part	

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1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street address 350 6 Parke Au	Al to and a State MI b County	
	(c) City or town bullimore	•
(c) Hospital or institution:		Rt'RAL and give tow
d) Length of stay in hospital or inst. (yrs., mos., or o	dayo)	11.
(e) Length of stay in Baltimore (yrs., mos., or days)	If foreign born, how long in U. S. A.?	75 ye
3 (a) FULL NAME Rachel Back	ulagor	ale
3 b) If veteran, name war 3 (c) Social Sec	curity Account MEDICAL CERTIFICAT	Igner.
No.	20. DATE OF DEATH DECEMBER	189. At 1.40
4. Sex 5. Color or race 6 (a) Single, married divorced.	d, widowed, or 21. I certify that death occurred on the date abo	1 1/1
terrile White divotced. Was	The Aco	11939.
6 (c) If alive, are a	ge years Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.)	1851 1 20 1.	
8. AGE: Years Months Days If less the	an one day  Due to  Due to	tale 1 de
A +.		
9. Birthplace Custod	Due to	
10 Usual Occupation	Le D'Other Conditions Cheon. Myor	18 60
11. Industry or business House Wa	Other Conditions	model, 69
12. Name	(Include pregnar y within 3 menths of deal	PHYSICIA
5 A L.	Major findings:	t nel rline
13 Birthplace Wus Wa	Of operations	cause to w
14 Maiden Name		death had
15. Brithplace Custma	Of autopay	tically
16 (a) Informant Benjamin Darl	uslader 22. If death was due to external causes, fill	in the following:
1) Address 350 6 Park Huy	Ata and (a) Accident, suicide, or homicide	
17 a Berial b Date thereof A	other dead (veer)	
Haber Bon	(City or town)	(County) (State
Cemetery or crematory Actuar VION	Vac O	
Location Hamilton	place? (Specify type of place)	e at work?
18 a Funeral director work Winson	Mesne of injury	0.
- 2 martil 124-16 "les Mont	o ave 2 similar Ill XBayl	iei
Jan Acutor I	Thomas 2 40 Eulach Address 240 Eulach	Date signed / 2 /1
19 (a)		

HEALTH DEPARTMENT-CITY OF BALTIMORES3486 FHYSICIAN sho 1. PLACE OF DEATH CITY OF BALTIMORE: (No. Length of residence in city or town where death occurred. Syra 2. FULL NAME (a) Residence: No. EXACTLY. P (Usual place of stide) PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widow or Divorced (write the wo properly cla 4. Color or Race Sa. If married, widowed, or divorced HI SBAND of (or) WIFE of may be 6. DATE OF BIRTH (month, day, year) Years. Menthe UO instructions h. Trade, profession, or particular OCCU PATION kind of work done, as spinner, sawyer, bookkeeper, etc., 5. Industry or business in which work was done, as silk mill, saw mill; bank, etc. See in 10. Date deceased last worked at this occupation (month and I'H in plain 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town). (State or country) MOTHER 13. MAIDEN NAME 10. BIRTHPLACE (city or town) St te or country) ollyson 2 20 FILT D Muiting for Pille of Racia

	Registered No.
Hospit	
.115	monds. How long in U. S. If of foreign hirth:
rreilidym	
ur with	If U. S. Veteran  apecify WAR
	Appended on 0000119 000000000000000000000000000000
2 Parker	St.,
CULARS	MEDICAL CERTIFICATE OF DEATH
ried, Widowed,	21. DATE OF DEATH (month, day, year) Dec. 2 , 19 39
rite the word)	22. I HEREBY CERTIFY, That I attended deceased from
	hovember 1 1939 in December 2 1939
5	I last any here wilve on Alkemiles 2 , 19 3 % Death is rall
11	
-7/	to have occurred on the date stated above, at 3 43 Pm.
If LESS than	The principal cause of death and related causes of
i day bra	Importance were no follows:  Or clied Assempthage
ormin.	Blinish prostate hypertrophy
	Appealensive EV Mis essel
ant	Justin sectors,
140	Other contributory causes of impurtance:
e (years)	
n this	Decliber to the total
·a	Was an operation performed! Yes Date of
	For what disease or injury? Beson you water a your began
et	164 a. O baker la forder and
uu l	Name of operation
	What test confirmed diagnosis? Chi Was there an autopay? NO
	23. If death was due to external chuses (violence) and in most of
an	Accident, suicide, or hemicide? Date of Injury
sice	Where did injury occur?
	Specify whether injury occurred of industry, in home, or in public
wowst	
Contract of the contract of th	place
way	Manner of injug
	Nature of injury
- L 1137	
at Bens	24. Was disease or injury in any way related to occupation of deceased?
0	NO
	(Signed) Bear /Class
annual age agreement	I mai tochetal
A d I Empatur	(Address)

CERTIFICATE OF DEATH

11. Total time (years)

occupation .

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63487
Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland - PO	u State	
Street address 6 Irwin Place	City or town	and give town!
Hospital or institution	(If outside city or town timits, write its	
	(a) State Word (b) County  (c) City or town (If outside city or town limits, write Rt/RAI (If Sweet No. 6) John Place (If rural give location)	
d Length of stay in hospital or inst. (yrs., mos., or days)		years
d Length of stay in hospital of man	If foreign born, how long in U. S. A.?	year
e) Length of stay in Relimore (yrs. mos., or days) VO		
1 (a) FULL NAME Towest Weber	TO A TON	
Sacurity Acco	unt MEDICAL CERTIFICATION	10 11-01
3 (b) If veteran, name war No. 112-12-98)	O DATE OF DEATH	. at 10.15 AM
No. VIV-IV-IV-	The look charge of the re	mainsdescribed
4. Sex 5 Color or race 6 a Single, married, widowed		m the evidence
Wale White divorced Marries	above, held an (Autopay of Inquiry)	
Minule	obtained by and aut for find that and	deceased came
A L Name of hitsband of will	cents to death on the day stated above.	
Jan 6 18	17 to death on the day state	Duration
7. Birth date of deceased (mo. day, yr. ) far 6 18	Immediate cause of death	
Months Java	putn- ferreit	
8. AGE: Years Williams 125 hr.		
	Due to Ruftwar Rulmany	
9 Birthplace germany and tates	artery	
O-Louder 1	Due to Fortoneono	
10. Causi Occupation	Due to Of	
11 Industry or business	Other Conditions	
# 12 Name		PHYSICIAN
11	thefude pregnary with a mouth of death	
2 13. Pinhplace	Major findings	Under ine th
14 Maiden Name	Of operations	death should b
	0	harged statu
16 (a) Informan Mrs. February Stoll	of Of autopsy as alvo	tically
16 a Informani una productione	22. If death was due to external causes, fill in the	following
Address & Freist Blace	129 (a) Accident, suicide, or homicide	
11 miles 1 D walnung that I.	121 A Day of someonee	
17 a Date (megth) play)	the (c) Where did injury occur) (City or t.wn) (C)	ounty State
Cemetery or crematory of Mathiers Com	My (c) Where did injury occur. (City or tiwn) (C	al place, in pub
Cemetery or crematory	Did injury occur about home, on farm, industr	vork)
Location Odo, No.	place? (Specify type of place). While at	
18 (a) Funeral director fol funnar + B	(Specify type or pro-	
18 In Funeral allection of the North as	of Means of injury	M.
Address / 124 16 W MOWN	23. Signature LV.	\$1000
19 (a) (b) tree to little of the	trar Date signed / L - V/	

63488	CERTIFICAT	E OF DEATH A Registered No.
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address H2W	+2 not las	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County
(c) Hospital or institution:		(c) City or town  (If a taide city or to Plantits, write RURAL and give  (d) Specit No. 1 42 4 Del fore SV
(d) Length of stay in hospital or	yrs., mos., or days 25 yrs.	(e) If foreign born, how long in U. S. A.?
3 (a) FULL MAME	mulgielles	X
3 (b) If veteran, name war	3 (c) Social Surity Account No.	20. DATE OF DEATHORLE 2 1937. m. 2
tamole reliete	6 (a) Single, married, widowed, or divorced	21. I certify that death-occurred on the date above stated; that I as deceased from 10 15 190 , to 10 19 and that I last saw Walive on 11 1979.
7. Birth date of deceased mo, d	6 of If alive, give age who hay, yr april 15-18	Immediate carrie of death Pronchia Phumaria
42 00 38	hr min.	Due 10 Cerrib cal Harmanling
9. Birthplace 10. Usual Occupation	Town, could and state)	Due to
11. Industry or business	walland vaturen	Other Conditions Classific The Conditions of death
13. Birthplace	Education	Major findings: Of operations  Of operations  Of operations
14. Maiden Name Name 15. Birthplace	The same	Of autopsy %. hered tienlly.
16 (a) Information (b) Address WIN	15 Harriston 30	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 (a) Harial, cremation, or remova	b) Date thereof /2 - 4 - 39 (month) (day) (year)	(City or town) (County) (S
Cemetery or crematory	Mar Bar	(d) Did injury occur about home, on farm, industrial place, in place?  While at work?
18 a Funeral direct Henry	elevently to	(e) Means of injury 23. Signature 23. Signature
(Dute rec'd by revistrar)	The Willes Roginston	Address Heullvorth Tome signed to

OF DEATH 59 Registered	63488
2. USUAL RESIDENCE OF DECEASED:	
a) State b) County	
(d) City or town (If a taide city or to Minits, write R) (d) Sport No. 1 42 4 1) Of fore (If reral sive least	81
(e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATIO	
20. DATE OF DEATH SILE 2 19	07. m2 PM
21. I certify that deaths accurred on the date above	htated; that lattend-
ed deceased from 1/10/5 198 . to A	W > 1999.
and that I last saw Malive on Nell X	1979.
0	Duration
of the state of the	· 2 des
Due to Cerribal Na	markage_
Due to	
	0 3
Other Conditions of Televille	PHYSICIAN
(Include pregrancy within 3 months of d ath)	
Major findings: Of operations	t nd rline the
O Optimion of the Control of the Con	death should be
Of autopsy .	tically.
22. If death was due to external causes, fill in t	he following:
(a) Accident, suicide, or homicide	
(b) Date of occurrence.	
(c) Where did injury occur?	(County) (State)
(d) Did injury occur about home, on farm, indu	
place? While at	
(Specify type of place)	
(e) Means of injury	1.

VS 3

F 63489  BALTIMORE CITY HE  CERTIFICATE	OF DEATH 90	W. W.
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address (c) Hospital or institution: Oschos Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County  (c) City or town  (d) Great of the city or town limit, write RURAL  (d) Street No. 734 Rewrite Ton Russells attomn  (d) If foreign born, how long in U. S. A.?	L and give town
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security Account  No.  5 Color or race (a) Single, married, without or	20. DATE OF DEATH 12. 2. 9 9 19	ed: that I atten
7 Mark (4 White divorced Married  6 b Name of husband or wife 17 4 m. But ng 5  6 c If alive, give age years  7. Birth date of deceased mo, day, yr valg 27 t 1863  8 AGE: Years Months Days If less than one day  hr. min.	MATERIODICETUI CO JUNIONI	Duration 9 da
9. Birthplace , May Most (Town, county, and state)  10. Usual Occupation	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIA Underline
14 Maiden Name Eleanor Hagy  15. Birthplace  16 a Informant Hagh Machinber  1 Address 1, 5 Weaver Wor	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence.	death he a harg d a tically.
17 (a) Burial, exemptions of seminal (month) (day) (year)  (a) Cemetery or exemptory. More land, Park,  Location	Where did injury occur?	ounty) (Ste ial place, in p york?
(b) Address 2 (History M.)  1970 1930 notified to the History M.	23. Signature M. II.	M. signed

F 63489

	20100
F	63490

# CERTIFICATE OF DEATH



	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	(a) State Md. (b) County	
a) Baltimore City, Maryland	a) State	
b) Street address 4940 Eastern Ave.	c) City of town Palto.	
Hospital or institution:	(c) City of town Palto. (If outside city or town limits, write RUR)	II, and give town:
Balto. City Mospitals	Birect No. 313 E. 31st St.	
. 11 40	If rorm give location	)
d) Length of stay in hospital or inst. yrs., mos., or days) 11 da.		years
e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.	(e) If foreign born, how long in U. S. A.?	1
3 (a) FULL NAME George Nokee (50282	) SERTIFICATION	
C : 1 C - with Account	MEDICAL CERTIFICATION	
) of theteran, manne	20 DATE OF DEATH Movember 30, 195	9 . at 8: 40 IN
No. Monte	I late above at	sted: (Dat Latterius
4. Sex 5. Color or race 6 or Single, married, widowed, or	11 / 7 10 1 / 10 1	
Male White divorced Married	ed deceased from and that I last saw h is alive on 11/30	1939.
6 b Name of husband or wife Sadie years		Duration
6 h Name of husband of with 6 of If alive, give age years	Immediate cause of death	1931
	Inter culosis of lungo Sportaneous freue though	11/11/2
7. Birth date of deceased mo., day, yr. Nov., 29, 1871	Sportaneous Johnson	111.013
& AGE: 1 ears	D	
68 1 hr. min		
2011 19	Due to	-
9 Birthplace 163. (Town, county, and state) 10. Usual Occupation Brass Molder, 1934.	Due to	_
10. Usual Occupation Brass holder,	Other Conditions	
11 Industry or business francisco Dias - 60	Other Conditions Carcinoma of prostate (Include programs while 3 months of death)	PHYSICIA
	(Include rrignan s white 3 mouth of death)	
12 Name William.	Major findings:	L'aderline naise la wh
13 Birthplace Md.	Of operations	hath he ki
The second secon		charged sta
2 14 Maiden Game	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in th	e following:
16 a Informant 10 Spital Records	22. It death was due to extensible	
16 a Informant	(a) Accident, suicide, or homicide	
b Address	(a) Accident source	
17 be of 11 ad to Date thereon the day two	c) Where did injury occur.	County) (Stat
Berial, cremation, or removal) (month) post	Did injury occur about home, on farm, indust	rial place, in pu
Cemetery or crematory	While at	work?
Location my Wanted Con	place? (Specify type of place)	
	(e) Means of injury	
18 a Funeral director, allowers	, was	м. п
& Address /27 / Out of	23. Signature	
100 10 20 but on the little and Mineral	Address Balto. City HospitalDate	e signed ANT
Date red Weistrar)		

63491	CERTIFICA	HEALTH DEPART
. PLACE OF DEATH:  a) Baltimore City, Maryland		2. USUAL RESID
	while terpetal	(c) City or tow
d Length of stay in hospital or i	vis, mos, or days	(e) If foreign bo
THE PLANE	wich Mon	chall
3 (b) If veteran, name war	No. / DAE	20. DATE OF DE
4 Sex 5 Color or race	6 a Single, married, widowed divorce of assistance	above, held an
6 (b) Name of husband or wife	way ins your	half obtained by sa
7 Birth date of deceased mo. c 8 AGE: Years Months D		Z how distances
57	3 he	min Co
9. Birthplace	Town, county, and state)	Due to
10. Usual Occupation		Due to
# 12 Name / 12 V 17 16	n Jurner	Other Conditi
2 13 Burthplace	11110	(In lude Major finding
14 Maiden Name MM	know Max	Of operation
11/11/11	us town hay	Of autopsy
16 a Informati Work 1	Warren &1	22. If death v
in Turrel	Date thereof (month) (day)	(year) (h) Date of o
theral resulting or remov	Luhmors	Where d
Cemetery or cremators	wall of	Me d Did injur
Location with	lines tok	place?
18 a Funeral director No	Com do	(e) Means of
(h) Address / oll / d	r. To Whallan	23. Signatur Par Date signed

BALTIMORE CITY HEALTH DEPARTMENT

RE CITY HE	ALTH DEPARTMENT GREGISTERED No.  2. USUAL RESIDENCE OF DECEASED:	3491
- 4	2. USUAL RESIDENCE OF DECEASED:	
	Baltimor	
+1	City of fown	and give town)
u	City or town Sections limits, write RURAI  (c) City or town Sections  (d) City or town limits, write RURAI  (lf rural give location)	
(8)		Veals
	(e) If foreign born, how long in U. S. A.?	
1, 1	01	
rity Account	MEDICAL CERTIFICATION	11Pm
hE	20. DATE OF DEATH KACULAR 30 1239	, at M
widowed, or	21. 1HEREBY CERTIFY, That Itook charge of the ret	mains described
	above, held an haury thereon and fro	in the evidence
17.	(Autolog or taling)	
Jurnal	obtained by said (Autopsy or In urry) find that said	deceased came
years	to her death on the day stated above.	
.1882	Immediate cause of death	Duration
one day	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
min	Due to	
	Due to	
200	/	
D	Due to	
_ V		-
ec	Other Conditions	
		PHYSICIAN
	(In lude pregnan ) within 3 months of death;	Underline th
A.	Major findings:	cause to which
1	Of operations	death should l
I was not pro-		beamed stati
1. 1 1	Of automat	charged stati
hayt	Of autopsy	charged stati
hayt	22. If death was due to external causes, fill in the	charged stati
hayt x 81 y 4.1939	22. If death was due to external causes, fill in the	charged stati
hay of 4.1939 h) land your	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	charged stati
hayt y 1 y 1/93) h) (day) (your	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	charged stati tically following:
hay of your start of the start	22. If death was due to external causes, till in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Co	charged stati tically following:
hayd y . 1933 h) lins) iyonr	22. If death was due to external causes, till in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Co  (d) Did injury occur about home, on farm, industrial	charged stati tically following:
hayt y 1933 h) (day) (your est	22. If death was due to external causes, till in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Co  (d) Did injury occur about home, on farm, industrial  While at w	charged stati tically following:

RITE HAINLY, WITH	CNFADING Physicians: p	Jease	ITH UNFADING INK. Every terms of death clearly and legibly.	1
	-	۱		

BALTIMORE CITY HEALTH DEPARTMENT F 63492 CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (a) State MA (b) County. 1) Baltimore City, Maryland Street address c) Hospital or institution: d) Length of stay in hospital or inst. (yrs., mos., or days) e) Length of stay in Baltimore (yrs., mos., or days) (a) FULL NAME 3 (c) Social Security Account (b) If veteran, name war No. 6 (a) Single, married, widowed, or 5. Color or race 4. Sex divorced. 6 b Name of husband or wife years 6 (c) If alive, give age 7. Birth date of deceased mo., day, yr.) May. 1 If less than one day Months 9. Birthplace (Town, county, and state) 10. Usual Occupation 11. Industry or business 12. Name 13 Birthplace 14 Maiden Name 15. Birthplace 16 a Informant (b) Address

Street No. 2 6 3 Street No. 11f rural give locat  If foreign born, how long in U. S. A.?	year
	X
MEDICAL CEPTIFICATIO	
DATE OF DEATH PEC. /	039. av 7 N
1 1 1 - wared on the date above	e stated; that lattene
deceased from Molle 1921, to	561
nd that I last saw h smalive on ALC!	19 37.
	Duration
Tax ceres at death and Cerebery	we 2 day
Due to Influenzal Menin	area a week
100	
Due to	
Test: W. Lin	
Mine Continue	
BILATORAL Months of death	PHYSICIA
Major findings:	Underline cause to wh
Of operations	death should
	charged statically.
Of autopsy	
22. If death was due to external causes, fill in	i the following:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
	(County) (Stat
(c) Where did injury occur? (City or town)	lustrial place, in pu
A Did injury occur about home, on farm, inc	The same of the sa
(d) Did injury occur about home, on farm, inc	at work?
Did injury occur about home, on farm, inc	at work?

Date signed

#### 1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address Colvert Sty 33 rd St (c) Hospital or institution: Union Memorial Hospital 8day d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) . Life 3 (a) FULL NAME 3 (c) Social Security Account 3 b) If veteran, name war No. 6 (a) Single married widowed, or 5. Color or race 4. Sez divorced. 6 6 Name of husband or wife Willard Film Edwards 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Nov. 25 If less than one day Baltimore 10. Usual Occupation Koustwill 11. Industry or business Charles Dimlin 12. Name Baltunot 13. Birthplace 14. Maiden Name Pala (b) Address 6/6 Itelton (b) Date thereof Ace 4.1934 (c) Cemetery or crematory ( Nisturn 18 (a) Funeral directo M. Mus, ohu

2. USUAL RESIDENCE OF DECEASED: . (b) County Baltimore aschley (If rural give location) A (e) If foreign born, how long in U. S. A.? Edwards (Eileen MEDICAL CERTIFICATION 1939 N8 PM 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattended deceased from 11/24/ 1937, to 12/1 1937. and that I last saw h Walive on 12/1 1939. Immediate couse of death Wilma Duration Due to transfusion reaction Due to witchine pregnancy delivered by Caesarean Section 11/24/39 Other Conditions Uterine pregnancy PHYSICIAN (Include pregnancy within 3 months of death) Major findings: Underline the Of operations Classical Calcarean cause to which death should be Lectron Turn prymany Of autopsy ... 22. If death was due to external causes, fill in the following: (a) Accident, euicide, or homicide (b) Date of occurrence. Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) (e) Means of injury .... 23. Signature John in Bergland Address 10/4 St Paul

(1) Address

801 W.

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) State Md (b) County	
b) Street address 2518 James At.		
e Hospital or institution:	(c) City or town Baltimore	Landgiv twn
U	No 2518 James &	26.
	1 Street No. 2518 James &	
d Length of stay in hospital or inst. (yrs., mos., or days)	A to If foreign horn how long in U. S. A.?	8 year
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yr	A locality point, not tangent to	,,,,,
3 (1) FULL NAME Frederick Emil	Wilker	
3 (b) If veteran, name war 3 (c) Social Security Account	medical certification	4 230
no No. none	2 20. DATE OF DEATH Lie. Z 193	
4. Sex 5. Color or race 6 (a) Single, married, widowed,	or 21. I certify that death occurred on the date above state	ted, that latten
male white divoted narried	ed deceased from Jucy 3/ 1936, to Dec	C Z 193
Name of bushand or wildung &. Wilke	and that I last saw h / alive on DEC /	19 57. /
6 c If alive, give age 70 year		Duration 3-15-3
7. Birth date of deceased mo, day, yr July 17, 1867	1 Immediate cause of death CARCINOMBOR PROSIANE	3.70 3
8. AGE Years Months Days If less than one day		
11 15 11	in. Due to	
Jermany .	2	
9. Birthplace (Town, gounty, and state)	Due to	
10. Usual Occupation Outsher	5	
11. Industry or business Corkraw Hill . C	Other Conditions	
12. Name Junknown	(Include pregnancy within 8 months of death)	PHYSICIA
13 Birthplace Lerwary	Major findings:	tod rine
	Of operations (ARCINOMA OF	leath should
14. Maiden Name Caroline.	Of the state of th	tically.
5 15. Birthplace Service	Of autopsy	
16 a Informantanna &. Welker	22. If death was due to external causes, fill in the	ionowing.
1 Address 2518 aures St.	(a) Accident, suicide, or homicide.	
Burial Date thereof Dec 5.19	39. (b) Date of occurrence	
Burisl, cremation, or removal (month) (day) (ye		unty) (State
Cemetery or crematory Balfunol	(d) Did injury occur about home, on farm, industric	
Location Osala City	place? (Specify type of place) While at w	ork?
(n. M. Cheller Ch. Valle	Ash - L	
18 a Funeral director Me Mus. Jonnest. Williams	Means of thirty and f. Mar a	~~
b Address 801 W. Tayette dr.	23. Signatule	M. D.

BALTIMORE CITY HEALTH DEPARTMENT

F 63494

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				4/	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63495 Registered No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	alley St.	(a) State (b) County	
Hospital or institution: Little Sisters	of the Poor	(c) City or lown (If outside city or town limits, write RUR) 1200 Valley St	L and give town)
1) Length of stay in hospital or ins	n. (yrs., mos., or days)	Street No.	
e) Length of stay in Baltimore (yra		(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Annie Ro	onor		
3 (b) If veteran, name war	3 (e) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 2, 1939 19	0.30 a.M
4. Sex 5. Color or race 6 di	(a) Single, married, widowed, or vorced. Widowed	21. I certify that death occurred on the date above stared deceased from 240/-1939, to	ed: that lattend-
	illiam	and that I last naw h W alive on Dec / 1	9 35.
6	(c) If alive, give age years	Immediate cause of death My occardilis	Duration 4444
7. Birth date of deceased (mo., day	1	I constructing our services	7
8. AGE: Years   Months   Days	lf less than one day hr. min.	Due to	-
9. Birthplace Inoland	wn, county, and state)	Due to	
10. Usual Occupation HOUS	sekeeper	Other Conditions Edema of Lungs	day
12. Name reter by		(Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN Underline the
7734-01	beth Cunningham	Of operations	death should be charged statis-
14. Maiden Name E11280 Irela	and	Of autopsy	tically.
16 (a) Informant Little S: (b) Address I200 Va		(a) Accident, valence, or nonverse	following:
17 (a) Burial (b) (Burial, cremation, or removal) (c) Cemetery or crematory	Date thereof Die 4.193 (month) (das) (year)		
Location Sactuation 18 (a) Funeral director	à Wirdefild	(Specify type of place)  (e) Means of injury 2 4, 20 Hall	
(b) Address T. T. True	un ount vice	Address / 631 & North av Date s	gned Dec 193

	E OF DEATH
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 2/30 Mc Eldry St.  (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Ballings  (if outside city or town limits, write RURAL and give town)  (d) Street No. 2/30 M/C Eldry St
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	(d) Street No.  (If rural give location)  (e) If foreign born, how long in U. S. A.? 29
3 (a) FULL NAME TO A . If A . If	X
3 the liveteran, name war 3 (c) Social Security Account No. No. No. 1	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 30 1939. at 113
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced Married  6 b Name of husband or wife Allian Malry S  6 c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8 AGE: Years Months Days If less than one day	21. I certify that death occurred on the date above stated; that latte ed deceased from NN. 29 1939, to NN. 30 193 and that I last saw him alive on NN. 30, 1939.
9. Birthplace Poland (Tewn county, and state) 10. Usual Occupation Pares Hanger 11. Industry or business	Due to.  Other Conditions Roseumonia 1 do
12. Name Carof Nabrys  13. Birthplace Poland  14. Maiden Name  14. Maiden Name	Major findings:  Of operations  Cinclude pregnancy within 3 months of death  Underline cause to wideath should charged st
15. Birthplace  16 (a) Informentallian Dabry D  (b) Address 2/30 MC Ellery  17 (a) Date thereof (12 + 3 9)  (c) Cemetery or crematory A H. J. Masy  Location Dallamass	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in purplace?  (Specify type of place)
18 (a) Funeral director Tred W. Czarwskie b) Address 930 Lattern Off.	23. Signature M. D. Addres 425 Eastern Date signed / 2/2

F 63496

WRITE FLAINLY, WITH LNEADING INK—THIS IS PERMANEL FROME. Ever from our information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state (ALSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCLEATION is very important. See instructions on back of certificate.

63498	HEALTH	H DEPARTMEN	T-CITY OF BALTIMORE 63	498
CITY OF B		Seine 1/1	Murd)  a hospital or give its NA of street and mos. da. How long in U. S. If of foreign birth "yrs	necurred in Institution. ME instead number.)
2. FULL N	idence: No	Secle Stowe 437 Parcove at place of abode)		
PERSON.	AL AND STATIST	TCAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
FAMALE	4. Coler or Race White widowed, or divorced	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (menth, day, year) NOV 30  22. I HEREBY CERTIFY, That I attended de Nov 29, 1939, to Nov 30	, 19 39 ecensed from 19 39
HUSBANE	of Jaha L	OWENSEN 17 1600	I last naw h.C.A. alive on NOV, 80 19.39 to have occurred on the date stated above, at 10 24 P. Ju.	Death in said
T. AGE	Year Months	Days If LESS than I day hrs. or min.	The principal cause of death and related causes of importance were as follows:  Metus tutic Brain Absects  Pulmonary Edema v Congestion	Date of orner
kind of sawyer, 5. Industry, work weam mil	refession, or particular work done, as spinner, bookkeeper, etc	Norul of Over 11. Total time (years) apent in this occupation	Other contributory causes of insportance:  MASTOID + is	11.77.39
(State or	CE (city or town) country)	The Chilledo	Was an operation performed! 12-3 Date of 11-37-39 For what discoun or injury? MASTUIDITIS	
E 14. BURTHI	*LACE (city or town) or country)	Balt qua	Name of operation # Astordec formy v explora What test confirmed diagnosis? Was there an aut 23. If death was due to external causes (violence) fill in lowing:	in his the
	NAME  PLACE (city or town) or country)	Later 60 MM	Where did Injury occur?  Specify whether injury occured in Industry, in home,	, 19 . mml Mate) or in public
E INFORMAN	100	move no	place  Manner of in ur	
I is, BI RIAL, C	Durkus	Then Dec 4, 103	Nature of injury  24. Was discuss or injury in any way related to occupation	a of decement?
19. UNDERTA		b-hento 15	(Richard Servar Lappelon	sel s. D.

F 634		CERTIFICAT	E OF DEATH
Ealtimoz	City, Maryland reas Baltim r institution: Ca City Hose stay in hospital of	pitals inet. (yrs., mos., or days) (yrs., mos., or days) 35 yrs	2. USUAL RESIDENCE  (a) State Maryla  (c) City or town Bull outs  (d) Street No. Cor  (e) If foreign born, h
3 (a) FULL NA	ME Albert G	. Eastman	
3 (b) If veteral	n, name war	No. Proces	20. DATE OF DEATH
4. Sex Male	5. Color or race White	6 (a) Single, married, widhwed, of divorced. Married	ed deceased from
	f husband or wife	6 c If alive, give age	and that I last saw h
8. AGE: Ye		day, yr.) July 11, 1866  Days If less than one day  21 hr. mi	D
9. Birthplace	Cone	Mass. (Town, county, and state) truction Work	Due to
11 landmater of	or business		Other Conditions
12. Name 13. Births	Franklin	N. H.	Major findings: Of operations
5		tilda Fowle	Of autopsy
16 (a) Infor (b) Add 17 (a) Burin (c) Cem Loca	mant Recorders Baltime Recorder Baltime Recorders Baltime Recorder B	(b) Date thereof (month) (day) (ye	22. If death was de  (a) Accident, suice  (b) Date of occurr  (c) Where did injuty  (d) Did injury occuplace?  (Spector)  (e) Means of injury  23. Signature.

CCK

H DEPARTMENT

USUAL RESIDENCE OF DECEASED: Marylandh County Cipy or town Baltimore tilf outside city or town limits, write RURAL and give town) Street No. Corner of Arch & Lexington Sts. olf rural give location) If foreign born, how long in U. S. A.? years MEDICAL CERTIFICATION 1939 , at 2'5 PM December 2 DATE OF DEATH 1. I certify that death occurred on the date above stated; that lattendd deceased from how, 4 1939, to Mc. 2 1939. nd that I last saw hour alive on Lec 2 19 39. Duration pmediate couse of death 3 days. Broncho policiona ue to Other Conditions arteries leurs PHYSICIAN (Include regnancy within 3 months of death) Underline the Major findings: nume to which Of operations death should be charged sintinnot dene Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) (e) Means of injury muraghelate 23. Signature Date signed 12-2-39

498447 63499

Registered No.

BALTIMORE CITY H	EALTH DEPARTMENT Registered No
63500 CERTIFICAT	E OF DEATH 45
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 6000 Bellova ful  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days / west	2. USUAL RESIDENCE OF DECEASED:  (a) State MA (b) County,  (c) City or town Balliss of the RURAL and give to (lif outside city or town limits, write RURAL and give to city rural give location)  (d) Street No. 780 (c) Costs of city rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)  3 (a) FULL NAME	
3 (b) If veteran, name war 3 (c) Social Security Acround No.	20. DATE OF DEATH Well, 1939, and
4. Sex 5. Color of race 6 a) Single, married, widowed, o divorced. MADZIES  6 b) Name of husband or wite Menuic Ste ugal  6 c) It alive, give age 74 year	21. I certify that death occurred on the date above stated; that last ed deceased from 10/9 1936, to 1936, and that I last saw h alive on 12// 1936.  Immediate cause of death Durati
7. Birth date of deceased ino. day, yr. 1000 23, 1862 8. AGE: Years Months Days If less than one day hr. mis 9. Birthplace Ballewood, 1446. (Town, county, and state)	Due to Nemple sia
11. Industry or business BOCKA.  12. Name Charles Stonger  13. Birthplace Simular	Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of operations
15. Birthplace Jenually	Of autopsy  22. If death was due to external causes, fill in the following:
16 a Informant AR Minusel b) Address 780 W EVE  17 (a Lewise (b) Date thereof 12/4/9 (Burial, cremation, or removal) c) Cemetery or crematory New Calticulal &  Location 4300 Old reduced Ro  Location 4300 Old reduced Ro  18 a Funeral director of the forward 8500 (b) Address 96 Address 96  (b) Registrari  Registrari	(a) Accident, suicide, or homicide  (b) Date of occurrence

F 63500 Registered No.

E 63501 CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State had (b) County Ballingre Baltimore City, Maryland (b) Street address Dank Jane (City or town | Ballianse (If out ide city or town limits, write RURAL and give town) c Hospital or institution Lord Baltimore Hotel d Length of stay in hospital or inst. yrs., mos., or days (e) Leagth of stay in Baltimore (vis., mos., or day diffeterne (e) If foreign born, how long in U. S. A.? EDITH-M:LANSBURGH 3 a FULL NAME 3 (c) Social Security Account 3 h If veteran, name war 5. Color or race 6 (a) Single, married, widowed, or 4. Sex White divorced ling le 6 6 Name of husband or wife (Autopey or Inqui 6 (c) If alive, give age to her death on the day stated above. 7. Birth date of deceased mo., day, y 1880.
8. AGE: Years Months Days If less than one day Immediate cause of death 8 AGE: Years Months Days Crushed still Due to smede due to 10. Usual Occupation 11 Industry or business 12. Name may Landburge Other Conditions Lumany 13 Birthplace 14 Maiden Nai Rebecca Sohnefull Major findings Of operations \$ 15. Birthplace /Balte, and. 16 (1) Informand No. J. Lanshingh, Of autopsy Address 7200 Park Heights and If death was due to external causes, fill in the following: 17 (a Burial b Date thereof / 2) (a) Cemetery we cremetory Ohet Shalom (d) Did injury occur about home, on farm, industrial place, in public Location & South of mor, place? fulle bloce While at work? 18 A Funeral director Land Sondrum ! Los (e) Means of injury fall from high place - pump 23. Signature It & Wallenmaker - M.D. b) Address 902 Entan place Medical Examiner Date signed Ree 2, 525

BALTIMORE CITY HEALTH DEPARTMENT

& Syret No. Park Carole Epito Lake Henie MEDICAL CERTIFICATION 20. DATE OF DEATH Becamber > 1937, at 8 5 M 21. 11 TEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence obtained by said find that said deceased came Jalely from 16 story building mental depression PHYSICIAN (Include prevnan y within 3 months of death Underline the death should be charged statisin Accident, suicide, or homicide suicide (b) Date of occurrence were. 2 md, 1939 (c) Where did injury occur? Buch Lane, Ford Best . Hotel (City or town) (County) (State

Registered No.

37	192		-
27	21	2	3
3 1			

# CERTIFICATE OF DEATH

### F 63502

Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
I. PLACE OF DEATH:	(a) State S. Car. (b) County	
(a) Boltimore City, Maryland		
(b) Street address	(c) City or town EASTare R (If outside city or town limits, write RURAL	Land give town)
(c) Hospital or institution:	(If outside city of town limits, write RORA	
	(at Street No. (If rural give location)	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days	Ment ment	76379
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	7
3 (a) FULL NAME EUNICE Haithcock		
La Se : 16- William Account	MEDICAL CERTIFICATION	2 75 A
3 (b) If veteran, name war No.	DATE OF DEATH Dec 3 1939	7. at 230 M
(/-) Sinds married widowed, or	20. Date of the development on the date above state	ted; that lattend-
	NOV 28 1939, to DE	C 3 1937.
11 +	and that I last saw he R alive on De C. 3	939.
6 1 Name of husband or wife HAMPTON		Duration
6 (c) If alive, give age years		
7. Birth date of deceased (mo., day, yr.) 2-12-10	Encephalitis Jahming	
8. AGE: Years Months Days If less than one day		
29 9 22 hr. min.	Due to	
SCAR		
(Town, county, and state)	Due to	
10. Usual Occupation House wife.		
11 Industry or business	Other Conditions	BUYELLI
1 Magter	(Include pregnancy within 3 months of death)	PHYSICIAN
C /	Major findings:	Underline th
13. Birthplace S. CAR	Of operations	death should b
14. Maiden Name Alice Mc 4ill		charged statis
E CAR	Of autopey Crosable social lites	tically.
17: 17: 17: 17: 17: 17: 17: 17: 17: 17:	22. If death was due to external causes, fill in the	following:
16 (a) Informant Records	(a) Accident, suicide, or homicide	
(b) Addgess IONES HOPKIES HOSPITAL	(b) Date of occurrence	
(b) Date thereof 24 6/39	(a) Where did injury occur?	
17 (a) Aurial (b) Date increasing the bas (year (Burial, cremation, or remove	(City or town) (Co	ounty) (State)
c) Cemetery or cremulations Millionist	(d) Did injury occur about home, on farm, industria	ork)
1 1 1 1 1 1 1 1	place? (Specify type of place) While at wo	
Location Junganiste a Cole		
18 (a) Funeral directory redescent	(e) Means of injury C. E. Iroland	
b) Address / 760 W. Lombard at	23. Signature City	M. D.
(b) (c) (b) (d) (d)	Address John Hoyang Joyne Date	nigned [ 12 ]

VS

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(d) Baltimore City, Maryland	(a) State had (b) County Baltimore
(b) Street address	
de Hospital or institution.	(c) City of town (If outside city or town limits, write RURAL and give town)
Battimore City Thropatal	Destreet No. 1403 Reversed are (If rural give location)
d Length of stay in hospital or inst. yrs, mos, or days	
() Length of stay in Baltimore (vrs., mos., or days) 34	(e) If foreign born, how long in U. S. A.? 34 years
1 FULL NAME WILLIAM FER	GUSON
3 (h) If veteran, nan e war 3 (c) Social Security Accoun	
No.	20. DATE OF DEATH REC 3 4, 1939, at 4 an
4. Sex 5. Color or tace 6 (a) Single, married, widowed, o	
My wat with with	above, held an antibon thereon and from the evidence
non Liverson	
6 (b) Name of husband or wife nora Jurguson	obtained by said Anatom find that said deceased cam
b () It alive, give age year	to death on the day stated above.
7. Birth date of deceased mo. day, yr Sefet 29, 188	Immediate cause of death Duration
8 AGE: Years Months Days Hess than one day	Shath, traum tre
56 2 4 hr. mi	in.
9 Birthplace Irlland	Due to Contractions, matiple,
(Tow County, and Mite)	body.
10. Usual Occupation Borley Make	Dueto
II Industry or business 3.7 B. R.R.	
12. Name John Ferguson	Other Conditions Themas , intry
1	left from the pursicular
15 Birthpluce	(Include pregnancy within Comenths of death)  Major findings:  Underline to
14 Maiden Name Mary Laning	Of operations cause to white
\$ 15. Birthplace Inland	death should charged stat
16 (a) Informant Mrs. Mucy Moser	Of autopsy tically
Lilan Time and Class	22. If death was due to external causes, fill in the following
	Academ quierde or homicide
17 Duriel b Date thereof (month) (day) (yes	10e Lul 1737
No Thedra	Where did injury occur? Reverside the + rollings
(c) Cemetery or crematory	d Did injury occur about home, on farm, industrial place, in pub
Location A Q H	place? Jublic place While at work? ho
18 (a) Funeral director in Manggree & This	(Specify type of blace)
Address 1422 Right St	(c) Means of injury Jell down in south
EC 1 - 1939 LA MILL W	2). Signature Madagal Everyings
19 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date signed lac 3 d, 477

	F285505
3	PLACE OF DEATH:
	Baltimore City, Mar
-	c 11

#### ALTH DEPARTMENT OF DEATH

63505

2. USUAL RESIDENCE OF DECEASED:	
(a) State Md (b) County	.4
(c) City or town Parkuille	Age
(If outside city or town limits, write RURA)	L and give town)
d) Street No. 3105 Califor (If rural giry location)	niall
(e) If foreign born, how long in U. S. A.?	year
· .	
MEDICAL CERTIFICATION	F
20. DATE OF DEATH Dec 1 1989	725 M
21. I certify that death occurred on the date above state	d; that lattend
ed deceased from NOV. 271939, to De	e11899
and that I last saw him alive on Dec 1 19	39.
	Duration .
Immediate cases of Freth	1 mont
Due 10 arkriolar ueparo-	?
selvosis.	-
Due to	
01 1	
Other Conditions Chemony carried	
Anclude pregnancy within 8 months of death)	PHYSICIAN
Major findings:	Underline th
Of operations	death should b
	charged statis
Of autopay	tically.
22. If death was due to external causes, fill in the fo	llowing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	9 99 1 0900 010000
(c) Where did injury occur? (City or town) (Cour	
(d) Did injury occur about home, on farm, industrial	
place? While at wor	k? .
(e) Means of ippury	
23. Signature Joyn 19. Deat	U
labor It has Haron	12-2-3
Address 1/1/3 Hoppins II of the or	ned) .

F283505	BALTIMORE CITY HEA CERTIFICATE
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address (c) Hospital or institution:	RMS HOPKINS BOSPITAL
(d) Length of stay in hospital (e) Length of stay in Baltimore	or inst. (yrs., mos., or days)
3 (a) FULL NAME  3 (b) If veteran, name war	artin Walte  3 (c) Social Security Account No.
4. Sex 5. Color of race  Male With  6 (b) Name of husband or wife	6 (a) Single, married, widowed, or divorced.
7. Birth date of deceased (mo. 8. AGE: Years   Months	Days If less than one day  hr. min.
9. Birthplace 10. Usual Occupation 11. Industry or business	Sexton of
12. Name. Johns 13. Birthplace 14. Maiden Name 15. Birthplace	telina Homel
16 (a) Informant (b) Address  17 (a) Burial (Burial, cremation, or remo	B. Va Cina
Location . Location . 18 (a) Funeral director	tend Nath ave

F 63506	BALTIMORE CITY HEALTH CERTIFICATE OF	160	Registered No.
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address Crt. Medicine S		tate Manufact (b) County	
(c) Hospital or institution:  Than family Grand  (d) Length of stay in hospital or inst. (yrs	Le Harfital (d) 60	ity or town Baltis  If outside city or town is  rect No. 227 M. L.	mits, write RURAL and give tow
(e) Length of stay in Baltimore (yrs., mos	v	foreign born, how long in U. S	5. A.? ye.
3 (a) FULL NAME Mr. Jah	C. Pinia		
3 (b) If veteran, name was 3 (c)	Social Security Account	MEDICAL CERT	
No.	20. DA	ATE OF DEATH WECCENSIS	1 1931, ar 2:35 P.
4. Sex 5. Color or race 6 (a) Sin divorced	21. 1c	ertify that death occurred on the	
male while, me	ed de	ceased from Mar. 28, 19	
6 (b) Name of husband or wife pens		hat I last saw h 12 alive on &	14C. 1, 1937.
		late course of death	Duration
		your dish insu	Throwing
8. AGE: Years Months Days		· Hypertynnia .	
1 - 1 -		Seterio sel	
10. Usual Occupation Saucen 11. Industry or business		Conditions Dislute	Mellites 2425
12. Name Peter Rei	10	Unclude pregnancy within 3 mont	
13. Birthplace	11 -1-1 4-1	perations	Underline cause to wh
14. Maiden Name Margaret	Hagla 1		death should charged sta
15. Birthplace	ager Of.	utopsy	tically.
16 (a) Informant Mrs Jerra (b) Address 27 Was	All the second s	death was due to external cau	ses, fill in the following:
17 (a) Bunal (b) Date to	(b) D		
(Flurial, cremation, or removal) (c) Cemetery or crematory, Ba	of T.	id injury occur about home, on	from industrial place in put
Location Carty Hort	/ /1	lace? (Specify type of place)	While at work?
18 (a) Funeral director	equil (e) M	leans of injury	
(b) Address 2008 0	1.00 11	grature Roberto	J. Coffman
(Date ree'd by registrar) wating	11111	en Md. guralto	- Date signed 17/1
vs 3	1 200	U	U

F	63507
15	Dogwood

# CERTIFICATE OF DEATH

F 6350'7.
Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	mI	
(b) Street address 419 Chana H	(a) State MA. (b) County	
(c) Hospital or institution:	(c) City or town Polling	2
c) riospital or institution:	(If outside city or town limits, write RURA	L and give town)
		No
(d) Lerigth of stay in hospital or inst. (yrs., mos., or days)	13 Steet No. 9/9 Charles incution)	
(e) Length of stay in Baltimore (yrs., nios., or days)	(e) If foreign born, how long in U. S. A.?	yeare
3 (a) FULL NAME May E. Itan	dy	
3 (b) If veteran, name war (3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. 4	20. DATE OF DEATH Dec / 1939	1 47 0 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	
The Colo divorced 2 mg/s	ed deceased from Jos 2 3 19 3 10 0	
6 (b) Name of husband or wife	and that I last saw h saffive on 1908 30 19	
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.)		
8 AGE: Years Months Days If less than one day	Carenone of Bush	2 ryes
6 L hr. min.	Due to	
- O O		
9. Birthplace M.	Due to	
10. Usual Occupation / Propagation		
II. Industry or business	Other Conditions	
	Other Conditions	
12. Name Mellown / tunky	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Md	Major findings:	Underline the
	Of operations .	cause to which
14. Maiden Name Delica Leve		death should be
15. Birthplace	Of autopey	charged statis- tically,
16 a Informant Currie su rollor	22. If death was due to external causes, fill in the fol	llowing:
(b) Address 909 Warner	(a) Accident, suicide, or homicide	
17 (a) (b) Date thereof Wee 4:39	(b) Date of occurrence	
(liurial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
c) Cemetery or crematory With Julium	(City or town) (Count (d) Did injury occur about home, on farm, industrial ;	
Can ox Cuto	place? While at work	2 -
Location	(Specify type of place)	
18 (a) Funeral director	(e) Means of injury	•
(b) Address (172 way is 5%	23. Signature	4
1939 met		M, D.
(Date red d by registrar)	Address 9/1 Warner Bate sign	ed6/6/27

VS 3

63508 BALTIMORE CITY HI	E OF DEATH	No
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County  (c) City or town Balling  (lf outside city or town limits, write RUB  (If rural give location	City.  AL app give tow
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yea
3 (a) FULL NAME Joseph Kenn		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Occ 1st. 193	9. 9:55
Male Mut divorced. Married, widowed, or divorced. Married	21. I certify that death occurred on the date above streed deceased from Oct 1939, to Di	ic/ 1939
6 (b) Name of husband or wife the the self after 6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Lt 2 m d/86	Immediate cause of death	Duration 6 with
8. AGE: Years Months Days If less than one day  70 hr. min.	Due to Esophagitis, acuts	6 000
9. Birthplace Balling of Mills (Town, county, and state) 10. Unual Occupation Lower Address Ad	Due to Postops at 12	000
11. Industry or business	Other Conditions	
12. Name Cowal King 13. Birthplace Gunal Huttle 14. Maiden Name Elysbull Huttle 15. Birthplace	(Include pregnancy within 3 menths of death)  Major findings:  Of operations  Of autopsy	Underline to white death should charged state tically.
16 (a) Informant Sunday  (b) Address 124 Weber St  17 (a) Bureal (b) Date thereof Dec. 5-1939	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	following:
(flurial, cremation, or removal)  (c) Cemetery or crematory Holy Con off Control  Location of the control of th	(c) Where did injury occur? (City or town) (Co (d) Did injury occur about one, on farm, industris place? (Specific place)  While at wo	
18 (a) Funeral director Elizabeth Harle Inc.  DEC 4 - 1000 (b) Huteston White was All	23. Signature Conval Octo	M. D.

63509

1. PLACE OF DEATH: (a) Baltimore City, Maryland	
b) Street address	
c Hospital or institution:	+ 21 1
Universit	5 Hospital
d Length of stay in hospital o	r inst. (yrs., mos, or days)
e Length of stay in Baltimore	(yrs., mos., or days)
3 (a) FULL NAME M/+/	RION COME
3 (b) If veteran, name war	3 (c) Social Security Account
4. Sex 5. Color or race	6 (a) Single, married, widowed, or
Famole Coloud	divorced saugle
6 (b) Name of husband or wife	
0 (a) Name of numband of with	6 c) If alive, give age years
7. Birth date of deceased mo.,	day, yr.)
	Days If less than one day
4	hr. min
O Bakalan	Tallo:
9. Birthplace	Town, county, and state)
10. Usual Occupation	J.
11 Industry or business	
# 12 Name harris	Comegn
13 Birthplace	
- 12 Divinplace	010 200
- 1	el war would
14. Maiden Name	The state of the s
14. Maiden Name	alto med.
14. Maiden Name	
14. Maiden Name	alto med.
14. Maiden Name  15. Birthplace  16 (a) Informant  (b) Address	The Brane to
14. Maiden Name 15. Birthplace 16 (4) Informant	origioneau  b) Date thereof 12-4-3  (month) (day) (year
14. Maiden Name  15. Birthplace  16 (a) Informant  17 (a)	b Date thereof 2 - 4-3
14. Maiden Name  15. Birthplace  16 (a) Informant  16 Address  17 (a)  (Hurial, cremation, or remains)	b Date thereof 2 - 4-3
14. Maiden Name  15. Birthplace  16 (a) Informant  h Address  17 (a)  (Hurial, cremation, or remained Cemetery or crematory  Location Door	b Date thereof 2 - 4-3
14. Maiden Name  15. Birthplace  16 (a) Informant  17 (a) (Hursal, cremation, or remove Location  18 (a) Funeral director  18 (a) Funeral director	b Date thereof 2 - 4-3
14. Maiden Name  15. Birthplace  16 (a) Informant  1 Address  17 (a) (Hurial, cremation, or remainded Cemetery or crematory  Location (1990)	b Date thereof 2 - 4-3
14. Maiden Name  15. Birthplace  16 (a) Informant  1 Address  17 (a) (Burial, cremation, or remainder Comment or Comment of Comment	b Date thereof 2 - 4-3

	2. USUAL RESIDENCE OF DECEASED:	
	(a) State had (b) County Bolt	
	(c) City or town Baltimare	I and the top
shitas	(If outside city or town limits, write RUR.	LATERINE TOWN)
mos, or days	(d) Speet No. 337 West Bull (If rural give location)	
or days)	(e) If foreign born, how long in U. S. A.?	years
COME		
Social Security Account	MEDICAL CERTIFICATION	
	20. DATE OF DEATH hovember 20 193	9. at 7 3M
le, married, widowed, or	21. 1HEREBY CERTIFY, That I took charge of the re	mains described
surgle	above, held an	
	obtained by said (Autopsy of Inquery) find that said	deceased came
ive, give age year	(Autopsy of Inques) to her death on the day stated above.	
		Duration
If less than one day	Immediate cause of death  Premaria, lipord	25,5(105
hr. min	Premaria leport	4
ty, and state)	Due to	
ty, and state)		
V	Due to	
in	Other Conditions	
al owns		PHYSICIAN
al owns	(Include pregnancy within 3 months of death)  Major findings:	Underline th
as own	Of operations	cause to which
mid.		death should be charged stati
Comean	1 Of autopsy abuve	tieally
Quan to	22. If death was due to external causes, fill in the	following:
ereof 12-4-3	9 (a) Accident, suicide, or homicide	
(month) (day) (year	(b) Date of occurrence	
Colvary		ounty) (State)
130-1	d Did injury occur about home, on farm, industri	
10/ -1	place? (Specifictype of place) While at w	
neal.	tracerit is be or business	
Thill aux	(e) Means of injury	
I Hill acre		← M.I

Registered No.

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every item of information should be carefully	f death cle
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7.7.	please
WITH UNFADING 12	Physicians:
WITH	ortant.
AINLY.	Ily impo
ITE PL.	especia
WR	Pi 19

00511	E OF DEATH 1.07 Registered	3511 No.
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
9 9/2 3/20 # #	(a) State Md (b) County	
(c) Hospital or institution:	(c) City or town Baltimore (if outside city or town limits, write RU)	CAL and give town
(d) Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 9 M. Heeath	0)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year
3 (a) FULL NAME Charles &. Stern	· str.	
3 (b) If veteran, name war 3 (c) Social Security Account No. 215-05-0635	MEDICAL CERTIFICATION  20. DATE OF DEATH & Le 2 193	39. ne 4 A: N
In ale Hhite divorced. In asked or divorced. In asked the Hole of bushind or wife Halmetta H. Hun	21. I certify that death occurred on the date above streed deceased from 100 21 134, to 22 and that I last saw have alive on 2 122	ated; that lattend
6 c If alive, give age 5/ years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Tele 124 1883	B 1 . 0 D	IMC.
8. AGE: Years Months Days If less than one day  56 9 20 hr. min.	Branchal Allemana	I MIX.
9. Birthplace Baltimore Ind. (Town, county, and tate) 10. Usual Occupation From Molder	Due to	
11. Industry or business W. S. Loast Buard	Other Condition Elleusters	12/1/29
# 12. Name George V. Spern	(Include pregnancy within 3 menths of death)	PHYSICIAN
13. Birthplace Baltimore Ind.	Major findings:	Underline the
E 14. Maiden Name Llena Diehl	Of operations	denth hould be harged at a
15. Birthplace Baltimore, Ind.	Of autopay	ti. mlly
16 (a) Informant hus, Charles J. Stern	22. If death was due to external causes, fill in the	following:
b) Address 9 W. Weath St.	(b) Date of occurrence	
(flurial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur	enty) iMtate
(c) Cemetery or crematory Lotudon Park Sesson.	(d) Did injury occur about home, on farm, hodustric	
Location 18 (a) Funeral director & Schloman & Son	(Specify type of place)	
(b) Address / 039 Hanover St.	(e) Means of injury 23. Signature 22. Ch. Cause	ball
12 6 who sec 1070 war H + the Milliam wither	Address 64 & Handler St Date .	igned 17/3/39
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Z	Physician
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N.J.	ecially
W	Rpe
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63512

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

.8	F	6	35	12
	Acc K In	tered		

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	c State Must of County	
1) Street address of grown st	13104	
Hospital or institution:	c City or town I WING WILL BLEA	Landger twn
Bon Secano Hospilal	1 7 - Manager	114
	d Street No.	
Length of stay in hospital or inst. (yra., mos., or days)	7	
(e) Length of stay in Baltimore (yra. mos. or days) Tag	(e) If foreign born, how long in U. S. A.?	years
3 10 FULL NAME man Winner	, Mary Wimmer)	
3 h If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	25 0
No.	20. DATE OF DEATH / 2 / / 19	. m 20. M
4. Sex 5, Color or race 6 a Single, married, widowed, or	21. I certify that death occurred on the date above state	ed, that lattend-
Frust White disorced was desert	ed decented from 11/24 1939 to 12	/1 1039
of Museum	and that I last now heralive on 12/1 19	39
6 h Name of husband or wife 11 W 10 . It supports	Immediate cause of death	Duration
7. Birth date of deceased mo, day, vi Jul 2414 1.	cancer of face	
8 AGE: Years Months Days   Fless than one day	tongue, neck.	
74 7 2 hr. min	Due to	-
115 71		
9. Birthplace (Town, county, and state)	Due to	
10 Usual Occupation		
11. Industry or business	Other Conditions	
a Marchennand		PHYSICIAN
12. Name Minner	(Include pregramy within a reache of death)	Underline the
13 Birthplace Jaluny	Major findings: Of operations	- cause to which
# whorms	O operation.	feath should be
14. Marden Name Mulanimir	Of autopay	horged state-
15. Birthplace / California 1.	22. If death was due to external causes, fill in the f	ollowing:
16 a Informant Porc detail Short		
h Address 3. f. Mymur 158	(a) Accident, suicide, or homicide	
17 a Buyil b Date thereof 12	(b) Date of occurrence (c) Where did injury occur?	
Burial, cremation, of removaly (month) (day) (year)	(CH) or town)	inty) (State)
Cemetery or crematory WINN ANC.	(d) Did injury occur about home, on farm, industria	
Location Illins all y 1884	place? While at wo	TK?
18 a Funeral director J. N. Mappen		
(b) Address Jes Eutres Object	23. Signature m Callins	mo
(6) Address D. S. A. M. M. M. M. S.	// C 11. T.	4-1-31
19 (a) Anterogen of the ting for Milione & Marie	Address Sh Seemels pur Date si	gned p 1 U 1
JEU 4 - 1939 P		
78.1		

HEALTH DEPARTMENT—CITY OF BALTIMORE 3513

	CERTIFICAT	E OF DEATH V 82	
1. PLACE OF DEATH		Registered No	
CITY OF BALTIMORE: (No.	108 N- 42	Ward)  Ward)  Ward)  Granting  Ward)  Ward)	occurred in or institution, NAME instead
Langth of savidance in city or town whe	re death occurred. 7 yrs	mos. ds. How long in U. S. If of foreign birth? yrs.	, mos. da.
Length of Personne in Co., or the Co.	a B. K. Al.	If U. S. Veteran specify WAR	
(a) Residence: No. 1	place of abode)	St., Ward.	vn and State)
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	ГН
- units la Colon en Page	Single Married, Widowed.	21. DATE OF DEATH (month, day, year)	. 1957
or with or	Divorced (write the word)	22. I HEREBY CERTIFY, That I attended	deceased from
5a. If married, widowed, or divorced		16 1939, to Oac 1	
(or) WIFE of Jedensh	zu ye	I last any han alive on when L , 193	
6. DATE OF BIRTH tmonth, day, year)		to have occurred on the date stated above, at a	
7. AGE Years Months	Days   If LESS than	The principal cause of death and related causes of importance were as follows:	Date of orac
83 -	/ Oda l day, hrs.	1	11-27-39
8. Trade, profession, or particular	1	leletin birent.	13.00
kind of work done as spinner, sawyer, bookkeeper, etc.	none por		
work was done, as silk mill,	0	Other contributory causes of imputtance	
This occupation (mo th and	11. Total time (years) spent in this	Circles Hammorloge	11-2-39
year)	occupation	100	
12. HRTHPLACE (city or town)	e-crea	Was an operation performed	
		For what disease or injury?	
E 13. NAME	- Carolin	Name of operation Date	
14 HIRTHPLACE (city or town)  -		What test confirmed diagnosis Was there an 23. If death was due to external causes (violence) fill	in also the fo
E 1 MAIDEN NAME ~ ~ .	Vatter	lowing: Accident, suicide, or homicide?  Date of injury	, 19
F	CAPACALAND	Where did linjury occur? (Specify city or town, cou	
16. HIRTHPLACE (city or town). (State or country)	eng :	Specify whether injury occurred in industry, in hour	se, or in publ
17. INFORMANT	Bushwold.	place	
(Address)	Ection It	Manner of in ury	
18. BURIAL, CREMATION, OR REMOV	Date Dec 5/39	Nature of Injury	
Place Woodland		24. Was disease or injury in any way related to occupa	ition of decemen
PADERTAKEN 1. B. Wife	speed + Sow	If so, specify	
(Address) Jaa Estas	for musius, so	(Si ned)	M.
E 1411 1303	Parelatene	(Address 255 2 Usam	

63514

#### CERTIFICATE OF DEATH

F 63514

Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
	(a) State Md. (b) County Batto
(c) Hospital or institution:	(c) City or town Boldingre
	(c) City or town Bolding Courside city or town limits, write RURAL and give town)
Franklin Square Hosp.	(d) Street No. 1907 mc Kean are.
(d) Length of stay in hospital or inst. (yrs., mos., or days) " Nays.	ilf rural give location)
(e) Length of stay in Baltimore (yra., mos., or days) 49 yr.	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME ROANIE 6. Fowler.	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH /2- / - 1939, at 8 P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Fe. white divorced married	ed deceased from 11-20 1939, to 12-1 1939,
6 (b) Name of husband or wife Phi Nip W	and that I last saw her alive on 12-1 19 39.
6 (c) If alive, give age years	Immediate cause of death Hypertensive Duration
7. Birth date of deceased (mo., day, yr.) NW15 1872	Cardiavaseular Discascoc
8. AGE: Years   Months   Days   If less than one day	Cardia Insufficiency
67 0 16 hr. min.	Due to
9. Birthplace Mary land. Carrel C.	
(Town, county, and story)	Due to
10. Usual Occupation Annual State of St	Other Conditions Diabetes Mellitus
al La Drugge	Generalised Arteriorcherces
12. Name Levi Myers  13. Birthplace Carroll G. Md	(Include pregnancy within 3 months of death)
13. Birthplace Carroll G. Ind	Major findings: Underline the
14. Maiden Name Lyclin Fleagel 15. Birthplace Carella me	Of operations
E Translita Ind	Charged statis-
1). Birthplace	Of autopey tically.
16 (a) Informant My Phillips Forester	22. If death was due to external causes, fill in the following:
(b) Address 190] Malker ave	(a) Accident, suicide, or homicide
17 (a) Dourcal (b) Date thereof Dec 41939	(b) Date of occurrence
(Rurial, elemation, of removal)	(City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location allemore . Vigestyle	place? (Specify type of place) While at work?
18 (a) Funeral director by com Joukness som	(e) Means of injury
(b) Address prod + Claro asso	23. Signature ( Bragley Tang hastley
19 (a) FO (b) Thurtington Voltians M.	Passon Frankly Sallanon signed 12-1-39
(Distagracid by resident)	Address (Taxon )
1.6.1	

F	63545	BALTIMORE CITY H
fully supplied.		utolmA
hould be carefully rely and legibly.	(e) Length of stay in Baltimore (yrs., mos.,	4
formation short	3 (b) If veteran, name war 3 (c)	Social Security Account 2/7-05-658  tle, married, widowed, or
ry item of in	6 (b) Name of husband or wife 6 (c) 11 7. Birth date of deceased (mo., day, yr.)	the state of the s
INK. Ever	9. Birthplace  10. Usual Occupation	hr. min.
UNFADING Physicians:		te des
LY, WITH important.	5 15. Birthplace	date,
PLEASE WRITE PLAINLY COFFECT Age is especially im	n) Address   Gallery	nereof binth (day) (year)
PLEASE WRI	18 (a) Funeral director	to Milliams, mile
PIC	VS 3	The Rent of

# F 63515

E OF DEATH Registered N	lo
2. USUAL RESIDENCE OF DECEASED:	
(a) State (b) County	
	AL and give town)
Wetreet No. 1000 h Bauto	may
(e) If foreign born, how long in U. S. A.?	years
te	THE STATE
MEDICAL CERTIFICATION	
20. DATE OF DEATH Jacomber 2nd 193	9. at 9 P. M
21. I certify that death occurred on the date above sta	
ed deceased from ling N 19.34 , 10 Dec	-4 7, 1939
and that I last saw here alive on because 2,	
Impediate cause of death	Duration
Carrier Branfferency	
Due to listeres policios	
Due to	
Other Conditions	
	PHYSICIAN
Include pregnancy within 3 months of death)  Major findings:	Underline th
Of operations	eause to which
	death should be
Of autopsy .	tically.
22. If death was due to external causes, fill in the	following:
(a) Accident, suicide, or homicide.	
(b) Date of occurrence.	
(c) Where did injury occur? (City or town) (Co	unty) (State)
(d) Did injury occur about home, on farm, industria	
place?	
(e) Means of injury	£
23. Signature Daniel J. Schwar Address 2301 Harlin are Date of	M, D,
Address 2301 Harlew Cere Date of	igned 12/4/39

Duration

PHYSICIAN

Underline the

beath should be harged statlsN. B.—WRITE PLAINLY, WITH ENPADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be true EXACTLY, PHYSICIANS should be an of all SP OF DEATH in plain terms, so that it may be properly classified. Exact statement of

63517 HEALTH DEPARTMENT	-CITY OF BALTIMORE
CERTIFICAT	E OF DEATH 15 7
1. PLACE OF DEATH CITY OF BALTIMORE: (No.//06 hadis)	Registered No
2. FULL NAME Day 9	mon da. How long in U. S. If of foreign birth? yre mon if U. S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (writer the word)	21. DATE OF DEATH (month, day, year)  22. I HEREBY CERTIFY, That I attended to the second of the sec
Sa. If married widowed, or divorced HI SRAND of (or) WIFE of	I last naw her alive on 1713 . 171 Double on 9 A
6. DATE OF BIRTH (month, day, year) 173/39	to have occurred on the date stated above, at
T. AGE Years Months Days If LESS than I day,	Importance were as follows:  Almstule Labor
I rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. I dustry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation)	Other contributory and implanted Pelvis
12. HIRTHPLACE letty or down) Baltowk (State or country)  # 10. NAME BALT BOOKS	Was an operation performed 200 Date of Fur what disease or injury?
E 16. BIRTHPLACE (obs or 10) well	What test confirmed diagnosis  23. If death was due to e ternal causes (violence) fill in also the
16. BERTHPLACE (Fity of town)	Nowing: Accident, suicide, or homicide: Date of injury 19 Where did injury occur: (Specify city or town, county, and State
E INFORMANT (LOS Couse Joseph Am	Specify whether injury occurred in industry, in home, or in property place
IN BI-RIAL, CREMATION, OR REMOVAL.  Fino. Date. 19	Nature of injury  24. Was disease or injury in any way related to occupation of dense
12. I NOTE TAXIVERS ITY MEDICAL SCHOOL DEC. 1 - 1939  LONGING DEC. 1 - 1939	Signed Signed
"DEC 4 - 1989 of the A Mar Wolliams of the	(Address) STAN Cumpleton

Dave V. Jayman BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE

F 63518

#### E 63518

I. PLACE OF DEATH: (a) Baltimore City, Maryland	2
b) Street address	
West Baltimore	
(d) Length of stay in hospital or inst. (	yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., n	nos., or days Hogean
3 (a) FULL NAME V. Za	man
3 (b) If veteran, name war 3	(c) Social Security Account
	Single, married, widowed, or
Wale White divorce	
6 b Name of husband or wife	
7 Direk data of deceased into day ye	If alive, give age # 4 years 1
7. Birth date of deceased mo., day, vr. 8. AGE: Years Months Days.	If leas than one day
43 × 17	hr. min.
9. Birthplace Poland	county, and state1
10. Usual Occupation Groce	er inti
11. Industry or business	
12. Name Isaac I	ayman
13 Birthplace Poland	
14 Maiden Name  15 Righbalese	mie ?
15. Birthplace Polan	d
16 (a) Informant.	>
(h) Address	12-4-39
(filtrial, greenation, of removal)	te thereof (month) (day) (year)
Cemetery or crematory	neng conce
Location 18 a Funeral director 18 (18 a)	Lunis Ing
b Address 1439	6. Ballo to
19 DFC. 4 - 193 (a) Thurs	Registrar
(lint) ree'd by registrar)	The second secon

2. USUAL RESIDENCE OF DECEASED:	
(a) State M. b. County	
d Freet No. 1382 M. Calles (If rural give societies)	
(If outside city or town limits, write RUR	AL and give town
1382 n. Calles	und St.
(If reral give socution	
If foreign born, how long in U. S. A.?	veat
The loreign both, now long in C. S. Fu.	
	V
MEDICAL CERTIFICATION	
20. DATE OF DEATH DEC. 5, 193;	9. nt/2:02 PN
21. I certify that death occurred on the date above sta	
ed deceased from Mov. 26 19 39, to De	
and that I last saw himalive on Dec . 3,	1939.
Immediate cause of death	Duration
Ilphus fever	
Due to	
	Page 1
to the state of th	_
Due to	
Due to	
Other Conditions	
Other Conditions  Bronchosenlumania	PHYSICIAN
Other Conditions  Stonelogo relumbria  include preparaty within 3 menths of death;	
Other Conditions  Stone Conditions  (Include pregnancy within 3 months of death)  Major findings:	Und rline th
Other Conditions  Stonelogo relumbria  include preparaty within 3 menths of death;	Und rline the
Other Conditions  Sinclude regularly within 3 menths of death.  Major findings:  Of operations	Und rline the cause to which hat should be harged to:
Other Conditions  Storelogorlustions  (include pregnancy within 3 menths of death)  Major findings:  Of operations  Of autopsy	Und rline the cause to which I ath should be harged to:
Other Conditions  Strologo relitations  (include pregnancy within 3 menths of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the	Und rline the cause to which I ath should be harged to:
Other Conditions  Stocklope reliables  (Include Prepriately within 3 menths of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide	Und rline the cause to which leath should be harged to:
Other Conditions  Stockop relumina  (include regularly within 3 menths of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide  (b) Date of occurrence	Und rline the cause to which leath should be harged to:
Other Conditions  Stocklope reliable  (include pregnancy within 3 menths of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the second conditions  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Conditions)	Und rline the cause to which I ath should to harged to it itenly. Sollowing:
Other Conditions  Cinclude pregnancy within 3 menths of death.  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the second death, aucide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Co.  (d) Did injury occur about home, on farm, industrial	Und rline the cause to which leath should the harged startionally. following:
Other Conditions    Strelog reliable   Conditions     Cinclude   reginancy within 3 months of death     Major findings:   Of operations	Und rline the cause to which leath should the harged startionally. following:
Other Conditions  (include pregnancy within 3 menths of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the second conditions  (a) Accident, suicide, or homicide (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Conditions)	Und rline the cause to which leath should the harged startionally. following:
Other Conditions    Strelog reliable   Conditions     Cinclude   reginancy within 3 months of death     Major findings:   Of operations	Und rline the cause to which leath should the harged startionally. following:

F 63519 BALTIMORE CITY HEACTER	
PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address : Milhers & Cubon Ares,  (c) Hespital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	a) State. Del.  (c) City or town Boundard (d) Street No. 7. 10  (e) If foreign born, how
(a) FULL NAME Verome Lyanka  (b) If veteran, name war  No.	MED 20. DATE OF DEATH
7 Sex 15. Color or race 16 (a) Single, married, widowed, or divorced.  7 India 16 (b) Name of huaband or will salve 16 (c) If alive, give age 18 4 4 18. AGE: Years Months Days If-less than one day 18. AGE: Years Months Days If-less than one day 19. Birthplace (Town, county, and state)  10. Usual Occupation Houseway 11. Industry or business	21. I certify that death of ed deceased from
12. Name To not know  13. Birthplace  14. Maiden Name Do not know  15. Birthplace  16 (a) Informant (b) Address  17 (a) Burial, cremation, or removal; (c) Cemetery or crematory Loudon Park Location 3801 f. a lereck Que  18 (a) Funeral director Chas B. Ruchambeas	Of autopsy  22. If death was due (a) Accident, suicide (b) Date of occurrence (c) Where did injury (d) Did injury occur a place?  (Specify (e) Means of injury

(e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 20. DATE OF DEATH 12 - 3 -21. I certify that death occurred on the date above stated; that I attended deceased from 1/-22 1939, to 12-3 1939. and that I last saw her alive on Due to Other Conditions PHYSICIAN (Include pregnancy within 3 months of death) Underline the Major findings: cause to which Of operations death should be charged statis-Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence. (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? place? (Specify type of place) (e) Means of injury 23. Signature James K. Cramos

63519

2. USUAL RESIDENCE OF DECEASED:

Registered No.

63520 CERTIFICATE	E OF DEATH PARTIES	
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 708 W 25 - St.  (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Buttonace (If outside city or town limits, write RURAL (If outside city or town limits, write RURAL (If rural give location)	, and give the
d Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days) 52.	(e) If foreign born, how long in U. S. A.?	ye
7 .	nozingo.	
3 (b) If veteran, name was (c) Social Security Account	20. DATE OF DEATH Sec 2, 19 37	, at 8 05
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Mule white manual.	21. I certify that death occurred on the date above state ed deceased from 1929 to and that I last saw he has live on the last 2 19	- 193
6 b Name of husband or wite armie J. mozingo 6 c If alive, give age 55 Gente	Immediate cause of death Coronary Thrombosis	Duratio
7. Birth date of deceased mo, day, yr. June 3, 1863  8. AGE: Years Months Days If less than one day hr. min.  9. Birthplace Town, county and tate		104
10. Usual Occupation Peters in 11. Industry or business must worker	Other Conditions	PHYSIC
12. Name 7. W. mozings.  13. Birthplace  14. Maiden Name mildled 6. Reynolde.	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy	t nd r in a se to v i ath ho harged ticals.
16 a Informant Cernic J. Mozings.  16 a Informant Cernic J. Mozings.  16 Address 408 W 25th Strains.  17 a Burief b Date thereof See 6 193  Burief, cremation, or removal	(City or town) (Con	anty) (St
Location Edmondson Loc.  18 a Funeral director Chinowat Y Donovau.	(d) Did injury occur about home, on farm, industrial place?  While at wo (Specify type of place)  (e) Means of injury  23. Signature	I place, in pork?
(b) Address 361317 Charles .	1 4), Signature /. ~	

1. PLACE OF DEATH:

Baltimore City, Maryland (b) Street address 2 0 2 6

c Hospital or institution:

d Length of stay in hospital or inst. yis, mos, or days ( Length of stay in Baltimore yrs, mos, or days) GEORGE 3 a FULL NAME 3 e Social Security Account 3 b If veteran, name war 5. Color or race 6 (a) Single, married, widowed, or 4. Sex divorced pursued M 6 (b) Name of husband or wife Larah E. Johnson 6 ci If alive, give age 6 2 years 7. Birth date of deceased mo, day, yr ful 2 2 18 79 8. AGE: Years Months Days 60 9. Birthplace 10. Usual Occupation 11. Industry or business 12. Name formur 13 Birthplace 14 Maiden Name Junia William 15. Birthplace 16 (a) Informationale 6 1 Address 2734 b Date thereo De 8, 1939 (month) toay) tyear) c) Cemetery or commentory St. Mary Location Hermpden 18 (a) Funeral director Cherron (b) Address 3615-176 hertante 1) Huntington Williams, M. P.

F	63522
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



## F 63522 Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address Tyman Fark Lrive and 31st St.	(a) State aryland (b) County
(c) Hospital or institution:	(c) City or town Baltimore, Maryland
U. S. Marine Hospital, Baltimore, Md.	(If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0m.024d. (e) Length of stay in Baltimore (yrs., mos., or days) 16 years	1. 1
3 (a) FULL NAME	P foreign born, how long in U. S. A.? years
Ban Caston	MEDICAL CERTIFICATION
3 (b) If veteran, name war Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 1, 19 39, at 2:50PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that lattended deceased from March 7, 1939, to Dece 1, 1939,
6 (b) Name of husband or wife Vergie Cartwright	and that I last saw him alive on DOC . 1, 19 39.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) May 3, 1892	Tuberculosis, pulmonary, chronic, 8 mo.
8. AGE: Years Months Days If less than one day	far advanced.
47 6 102 hr. min.	Due to
9. Birthplace Woodbury, /Georgia (Town, county, and state) 10. Usual Occupation Orderly	Due to
II. Industry or business U. S. Public Health Service	Other Conditions Mitral insufficiency
12. Name George Gaston	(Include pregnancy within 3 months of death)  PHYSICIAN
13. Birthplace May weather Co., Georgia	Major findings: Underline the
	Of operations cause to which death should be
14. Maiden Name Franka Rerda  15. Birthplace May Weather Co., Georgia	Of autopsy None tically.
16 a) Informent Records-U. S. Marine Hospital,	22. If death was due to external causes, fill in the following:
(b) Address Baltimore, Maryland.	(a) Accident, suicide, or homicide
17 (a) Bureal (b) Date thereof 12 4-1939 (Iturial, cremation, or removal) (month) (day) (year)  (c) Cernetery or crematory MX Auburn Sem	(City or town) (County) (State)
A-OK MILALPAL	(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
	place?
18 (a) Funeral director Calfred O and Co	(e) Means of injury
(b) Address 1412. E. Fresson UX	23. Signature A. R. Dry auf
(Date rec'd by empistrar)	Address U. S. Marine Hospital Date signed 12/2/39
VH s	Jaltimore, Wd.

WRITE PLAINLY, WITH LANDING INK-THE IS A FERGINAL CONTROL FOR Fould information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS Fould the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CUPATION is very important. See instructions on back of certificate.

VW 3

F 63523 HEALTH DEPARTMENT	T-CITY OF BALTIMOREC 2523
	TE OF DEATH VOS B
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. 2434 7), How	give its NAME Instead
2. FULL NAME. Units Tubnet	mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. ()2 4 34 77. Hours	Specify WAR
PERSONAL AND STATISTICAL PARTICULARS	(If non-resident give city or town and State)  MEDICAL CERTIFICATE OF DEATH
3. SEX   1. Color or Bace   5. Single, Married, Widowed,	~ V_
Timale Colored or Divorced (write, the word)	21. DATE OF DEATH (month, day, year) ( ) 39 22. I HEREBY CERTIFY, That I attended deceased from
Sa. If married widowed or divorced HLSBAND of (or) WIFE of Christy Sher Valoue.	I last now had alive on Sac 1 . 1927 Death is alid
6. DATE OF BIRTH (month, day, year) Wase a 10.1877	to have occurred on the date stated above, at 2:15 km.
7. AGE Years Months Days It LESS than	The principal cause of death and related causes of importance were as follows.
6 2000 8 33 I day, hre.	Broncho Gneumonia 10/24/3,
Trade, profes in, or particular kfr.l of work house, as spinner. House wife	Francho Incumonia 192731
9. Industry or business in which	
sawyer, houkkeeper, etc.  9. Industry or business in which work was don, silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this	Other contributory canses of importance
this occupation (month and spent in this occupation	Aughertension archael ?!
12. BIRTHPLACE (city or town)	The second
(State or country)	Was an operation performed
E 11. NAME Cases Jones	
(State or country) Unique	What test confirmed diagnosis? Was there is not any
E 15. MAIDEN NAME ( 2)	23. If death was due to external causes (violence) fill in also the lob- lowing.  A collect, suicide, or homicide?  Date of the y . 12
16. BIRTHPLACE (tity or tiwn) (State recently)	Where did in any occur* (Specify city or town, county, and State)
12 INFORMANT Christo they Jubacy, Tr.	Specify whether injury occurred in industry, in home, or in public
18, BURIAL CREMATION, ON MEMOVAL	Manner of Injury
	Sentere of Injury
19. UNDERTAKER Rayner Sanders.	24. Was disease or injury in any may related to occupation of deconced?
Addition 1412 & Presson Sh	" " Lieu V. "
DEC04-1939 Thurtington Milliania,	Million 434/223

The	
supplied.	
Every item of information should be carefully	arly and legibly.
of information	uses of death clea
Every item	•
G INK	please
CNEADIN	Physicians
INLY, WITH CNEADING	important.
RITE PLAINLY.	especially
24.	74

1. PLACE OF DEATH: (a) Baltimore City, Maryland b) Street address (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME 3 b If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single, married, widgwed, or 6 (b) Name of husband or wife 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hr. 10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant (b) Address 17 (a) (month) (day) (year)

(c) Cemetery or crematory /?]

18 (a) Funeral director

VS 3

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

years

1. ALDURN Gernaley

Registrar

(b) County

(c) City or town	Palta	_	
If outside			L and give town)
(d) Street No. 45	D Start	ral give location)	-
(a) 16 Co 1 1	0		
(e) If foreign born, how	long in U. S.	Α)	years
			V
MED	ICAL CERTI	FICATION	
20. DATE OF DEATH	le	1 19 37	. All A, M
21. I certify that death or		date above state	d; that lattend-
ed deceased from A	mg 1 0 19	34 , 10 Mes	1. 1939.
and that I last saw h 4	alive on. A	aley 10 19	29.
Immediate cruse of death			Duration
Antie	. Drauff	i enemand	10 yrs
	40,		
Due to Just	ing tue	J	10 9
Due to			
cl.	N.L. +	b ld	1/9 14.
Other Conditions Cha	ryum	. un operable	10 10
(Include pregnancy	within 8 months	of death)	PHYSICIAN
Major findings:			Underline the
Of operations	una.		death should be
04	mm		charged statis-
Of autopsy		(1) ( )	tically.
22. If death was due to (a) Accident, suicide,	1	s, fill in the fol	iowing:
(b) Date of occurrence	nomiciae		
(c) Where did injury or	cips	1	
	(City or	town) (Count	
(d) Did injury occur abo	out Home, on ta		
place? (Specify ty)	pe of phoe)	While at work	
(e) Means of injury	001		-
23. Signature	KYL	James	W 15
Address 1724 E/	4 nume	Date sign	edthe 3 4
Jost Wollen	vela mb		ad 8 - 139
302.00	THE THE	Contract of	- short

PHYSICIANS should ed. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Patate CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

# HEALTH DEPARTMENT—CITY OF BALTIMORE GREEN

3523	F 63525
	TE OF DEATH 23
1. PLACE OF DEATH  CITY OF BALTIMORE: (No. 209/L Lande  Length of residence in city or town where death occurred yra. 7	give its NAME lastes
(0)	If U. S. Veteran
2. FULL NAME	apoetly WAR
(a) Residence: No. 9 4 9 / 2 Les dente	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Culor ar Roce 5. Single, Morried, Widowed, or Divorced (write the ward)	21. DATE OF DEATH (month, day, year) 100 30 , 1058
5a. If married widowed, or divorced HUSHAND of (or) WIVE of Maring Ellie	22. I HEHRHY CENTIFY. That I attended deceased from the second of the second from the second of the second second from the second secon
1000	to have occurred on the date stated above, at 7. 18 m.
7. AGE Years Months Days If LESS than 1 day,hrs.	The principal rause of death and related causes of importance were as follows:
b. Trade, profession, or particular kind of work done, as spinner,	
anyer, bookkeeper, etc.	of elminay
9. Industry or business in which work was done, as slik mill, saw mill, bouk, etc.  10. Date deceased last worked at this occupation (month and year)  spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Lands & M., (State or country)	Was an operation performed? Date of
# 11. NAME CHAPTER Ellis	For what disease or injury?
11. NAME  14. BIRTHPLACE (city or town)	Name of operation .
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
IS. MAIDEN NAME SINGLY	lowing: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
(Address) 90 4 1/2 leadenful &	place anamounds anamound and anamound and anamound and anamound anamound anamound and anamound and anamound ana
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place III III Date Date 19, 10,	Nature of injury.
19. UNDERTAKER	24. Was disease or injury in any way zelated to occupation of deceased?
20. Page Millians 16.	(Signed) 9 11 Warran W
1. 14 - 18a O CMO,	
1939	

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63526

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63526 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	
16) Street address 3 430 Leventon and.	(a) State Med (b) County
C Hospital or institution:	(c) City or town Balto
to respect of institution.	(If outside city or lown limits, write RURAL and give town)
	(d) Street Dr. 3430 Levelon and
(d) Length of stay in hospital or inst. (yre., mos., or days)	(If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days) Life	(f) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Lewis Paston En	ralt
3 b) If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH /2/2/ 1939, at 5 P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
male W. divorced finela	
	ed deceased from 12/2/1939. to 12/2/1939.
6 (c) If alive, give age years	and that I hast saw have alive on / 2/2/1939.
	Immediate cause of death . Duration
7. Birth date of deceased mo., day, yr Many 7, 1886 8. AGE: Years Months Days If less than one day	My orandral failant
	Due to Cartano allero tre
5-3 / hr. min.	Cardio roundan discol
9. Birthplace (Town, counts, and state)	Due to Dialete
10. Usual Occupation Broom maker	Due to Leaperty
11. Industry or business Md. Work shop for Blind	Other Conditions of Later
	Control of the second
12. Name Lewis Ewalt	(Include pregnancy within 3 months of death)
13 Birthplace Baltimore Md.	Major findings:
14 Maiden Name Margaret Hollerman	Of operations cause to which teath should be
	hary d state
15 Birthplace Baltimore Md.	Of autopsy thatly
16 a Informant Edith Patterson	22. If death was due to external causes, fill in the following:
b) Address 3430 Leverton Ave.	(a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof Dec. 5 1939	(b) Date of occurrence
(Purial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?  (City or town) (County) (State)
(c) Cemetery or crematory Oaklawn Cemetery	(d) Did injury occur about home, on farm, industrial place, in public
Location Eastern Ave.	place? While at work?
18 (a) Funeral director blavence F. Hoffmann	(Specify type of place)
b Address 2723 E. Preston St.	(e) Means of injury
10 10 10 10 10 10 10 10 10 10 10 10 10 1	23. Signature M. D.
all all of road ly free true	Address & I Walle & P Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4551160 C Register 63527

PLACE OF DEATH:  a) Baltimore City, Maryland  4940 Eastern Avenue  b) Street address  c) Hospital or institution:  Baltimore City Hospitals  d) Length of stay in hospital or inst. (yrs., mos., or days)  5 mos.  e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  903 Shuter Street  (c) City or tewn Alf outside city or town limits, write RURAL and give town)  Baltimore (d) Street No.  (If rural give location)  (e) If foreign born, how long in U. S. A.?  years
(a) FULL NAME Granville Dashiell	X
3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH 11-30 1939, at 11-50
Sex 5. Color or race 6 (a) Single married, widowed, or divorced. Sep.	21. I certify that death occurred on the date above stated; that lattend
7. Birth date of deceased (mo., day, yr.) 9/8/76  8. AGE: Years Months Days If less than one day	and that I last saw here alive on 11.30 1937.  Immediate cause of death  Exerchafine monia  The same of the same o
9. Birthplace Maryland  Master & Owner of Vessel	Due to Car cinoma prossate over 5
10. Usual Occupation	Other Conditions
11. Industry or business  12. Name Morcilus Dashiell  13. Birthplace Maryland  14. Maiden Name Susan Jane Dashiell  Maryland	(Include pregnancy within 3 months of death)  Major findings: Of operations Carcuras prostat  Of autopsy  No  PHYSICIAN  Underline to cause to white death should charged stat the ally.
15. Birthplace  16 (a) Informant (b) Address  Baltimore City Hospitals  17 (a) Burish (b) Date thereof 12-5-39 (Burish, cremation, or removal) (c) Cemetery or crematory Location a Co, Lo Balto male (b) Address 129 Mc Locarship St.  (b) Address 129 Mc Locarship St.  19 (a) 11 (b) Locarship St.	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence

19 (a)

	2. USUAL RESIDENCE
PLACE OF DEATH:	(a) State Lid.
Baltimore City, Maryland  Street address  4940 Eastern Ave.	
	(c) City or town
Hospital or institution: Balto. City Hospitals	d Sucor No. 12
30	14 da.
Length of stay in hospital or inst. (yrs., mos., or days) 30	. (e) If foreign born, l
(a) FULL NAME Carrie Thompson	(41547)
2 (a) Social Security A	ccount
No.	20. DATE OF DEATH
Sex 5. Color or race 6 a Single, married, widov	wed, or 21. I certify that dea
divorced. Single	ed deceased from
Temle YVANASA	and that I last saw
6 c If alive, give age	years Immediate cause of de
7. Birth date of deceased mo, day, yr Sept. 4, 1.	14 Tubercul
7. Birth date of deceased mo. Days  8. AGE: Years Months Days If less than one of	
8 AGE: Years Months Days 25 2 4 27 hr.	min. Due to
	A Due to
9 Birthplace Ga. (Town, county, and state)	Due to
10. Usual Occupation W.W.	Other Conditions
11. Industry or business	
# 12. Name William (D)	Major findings:
13 Birthplace Ge.	Of operations
14 Maiden Name Carrie Thurston	
	Of autopsy
15. Birthplace Ge.	22. If death was
16 6 Informant Hospital Records	(a) Accident, su
(b) Address	136 (b) Date of occu
b Date thereof 2 (month) (d	(c) Where did in
Cemetery or crematory mt Colony & Location 13 sorblynn Marsh Location blastes &	metry (d) Did injury o
Cemetery or crematory	and place?
Location 19 24 Lange 24 Lange	Pailing (e) Means of in
in Financial director May to the same of	e) Means of the

USUAL RESIDENCE OF DECEASED:	
3) State Md. (b) County	
City or town Bel to.	and other towns
(If out toe city as seen	Willest Kinn
d) Succer No. 1216 N. Gay St. (If rural give location)	
e) If foreign born, how long in U. S. A.?	years
1	/
(41547)	
MEDICAL CERTIFICATION	
20. DATE OF DEATH December 2, 19 39	. at 7:50 AM
in him all 119 05, to	
and that I last saw h Cr alive on Dec. 2, 19	
Immediate cause of death	
Immediate cause of death Tubuculous of the Cury	her 175
	hor 193
Due to	Nor 17 s
Due to	No 17 s
	Nor 17 S
Due to	
Due to  Other Conditions	PHYSICIAN
Due to  Other Conditions  (Include pregnancy within 3 months of death)	PHYSICIAN Underline t
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN L'indrine to whi
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline to whiteath head
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations	PHYSICIAN  Underline to white to white the head charged and tically.
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations	PHYSICIAN  Underline to white to white the head charged and tically.
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the	PHYSICIAN  Underline to whiteath heard hearted and tically.
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide	PHYSICIAN  Underline to white to white the head charged and tically.
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide (b) Date of occurrence	PHYSICIAN  Underline to white to white the stand of the s
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	PHYSICIAN  ["derline to whi death should charged and tically.  following:
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) City or tewn)  (c) Told injury occur about home, on farm, industri	PHYSICIAN  Underline to whiteath should charged and tically.  following:
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?	PHYSICIAN  Underline to white to white the health of the literally following:  unity) State al place, in pull
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industry place?  (Specify type of place)	PHYSICIAN  Underline to white to white the health of the literally following:  unity) State al place, in pull
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrices while at we	PHYSICIAN  Underline to white to white the health of the literally following:  unity) State al place, in pull

63528

63529

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registação NG3529

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	as made as con	
(a) Baltimore City, Maryland 6. 25 th St	(a) State Md (b) County	
(c) Hospital or institution:	(c) City or town / Salto	
	(If outside city or town limits, write RUR,	L and give town)
	Street No. Of 6, LN - A	r.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location	)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	years years
3 (a) FULL NAME W. Hurry N. Gadde	ess)	
3 (b) If yeteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
World Wav. No.	20. DATE OF DEATH LUC 2 193	1. at A. M
5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stat	ed; that lattend-
male mule married	yed deceased from July 281937. to WC	CZ 1939.
6 (b) Name of husband or wife Lillian to Souther	and that I last saw hourance on Total El	937
6 (c) If slive, give age 50 years	Immediate cases of death	Duration
7. Birth date of deceased (mo., day, yr.) Oak 18-1874	cerebral Dem.	15 MIG
8. AGE: Years   Months   Days   If less than one day	Pouralyais.	
60 1 14 hr. min.	Due to	
D'III.	Continogeleneres	5400
9. Birthplace David (Town, county, and state)	Due to	
10. Usual Occupation (Phypican)		
11. Industry or business	Other Conditions	
= 100 John Badaso		PHYSICIAN
12. Name John J. Stranger	(Include pregnancy within 3 months of death)	THISICIAN
13. Birthplade Jaur Ika.	Mejor findings: Of operations	Underline the
# 14. Maiden Name Hurrard Unitor		death should be
15. Birthplace BA TO Me	Of autopey	charged statis- tically.
William & Maddon		
16 (a) Informant 1444	22. If death was due to external causes, fill in the formation (a) Accident, suicide, or homicide	ollowing;
(b) Address 3 10 (0, 2,5 = 37.		* *** *** ** * *
17 (a) Date thereof 1 3/39	(b) Date of occurrence	• • • • • • • • • • • • • • • • • • • •
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (Cou	
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	place, in public
Location 11 (1)	place? (Specify typn of place) While at wor	k)
18 (a) Funeral direct May To Boul Now Suc.	(e) Means of injury HA	19/
6) Address 118 W. not Royal we	23. Signature	<
19 (a) White meting on Mychiana Mar	and Man	M. Yell
(Date rec'd by registrar) Registrar	Address 10 W4 Million Dilling	ned/2/4/37
VS 3		

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supplied.	
carefully	legibly.
should be	early and
formation	f death cl
item of in	e causes o
Every	write th
INE	please
ITH UNFADING INK. Every item of information should be carefully supplied.	Physicians:
WITH.	ortant.
TE PLAINLY	ially imp
TE P	espec

63530	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 1316  (c) Heepital or institution:	1. Carolice (d) State M. M. (e) City or town (If outside (3.1)
(e) Length of stay in hospital or it	AA
(a) FULL NAME Mary	%. Graham
3 (b) If veteran, name war	3 (Social Security Account MED)
4. Sex 5. Color or spee 6	20. DATE OF DEATH OF
housald) We to)	livorced. 21. I certify that death oc
6 b Name of husband or wife	and that I last saw her
	(c) If alive, give age years
7. Birth date of deceased (mo., da	10 10 11 11 11 11
B. AGE: Years Months Day	If less than one day
70,11,1	hr. min. Due to
9. Birthplace Walking	Due to
10. Usual Occupation Activity	V Selioo Placker
11. Industry or business	Other Conditions
12. Name Johns	Cinclude pregnancy
13. Birthplace Sugl	Major findings:
14. Maiden Name Cose 7	1 W Y Than Of operations
5	elaud Of autopay mo
16 (a) Informant Ducky 8	Craham 22. If death was due to
1000	aroline II (a) Accident, suicide, o
14 01	1/1   (b) Date of occurrence
	Date thereof 1913/34
(Burikl, cremation, or removal)	
(Burikl, cremation, or removal)	atherial (month stay year) (c) Where did injury oc (d) Did injury occur abo

(e) City or town Balto.	
(If outside city or town limits, write RUH	
Gred No. 1316 M. Caroli	est
(e) If foreign born, how long in U. S. A.)	
(e) it foreign born, now long in U. S. A.7	year
MEMONI CERTIFICATION	
MEDICAL CERTIFICATION 20. DATE OF DEATH 2 19	9. PM
21. I certify that death occurred on the date above at	sted; that lattend-
ed deceased from 1904, tall	2.2- 1989.
and that I last saw her alive on Dec. 2	1939.
lamediate cause of death	Duration
rasetis mellitis	Servel year
Due to	
Due to	
Other Conditions	
Salar	PHYSICIAN
(Include pregnancy within 3 months of death)  Major findings:	Underline the
Of operations	cause to which
	death should be charged statis-
Of autopsy 200	tically.
22. If death was due to external causes, fill in the	following:
(a) Accident, suicide, or homicide	•
(b) Date of occurrence	*** *** *** *** ***
(c) Where did injury occur? (City or town) (Co	unty) (State)
(d) Did injury occur about home, on farm, industria	
place? While at we	ork)
(e) Means of injury	
23. Signature Benj & Hayar	~
3114 Horster Red	M. D.
Address of the Control of the Contro	WINE CO.

2. USUAL RESIDENCE OF DECEASED:

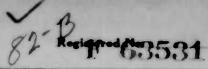
Registered No. F 63530

(b) Address

Date rec'd by registrar)

# 63531

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Man (b) County
(b) Street address 4 6 1 Lafayelle We	The state of the s
(c) Hospital or institution:	(e) City of town / Law
	S 111 / Carlown)
(d) Length of stay in hospital or inst. (yrs., mos., or daya)	Street No.1.7 Q , Lafayor
("0.)	V
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME W. albert Scha	rker
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH LOC 3 197 at A M
4. Sex 5. Color or race 6 (q) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
male mite married	ed deceased from aug 1937, to to ec 3 1939.
6 (b) Name of husband or wife Marie Ja Scharfor	and that I last saw herealive on wee 249 39.
6 (e) If alive, give age 6 years	Immediate cases of death Duration
7. Birth date of deceased (mo., day, yr.) June 18-1873	Cevelver empolis 200
8. AGE: Years   Months   Days   If less than one day	
66 5 15 hr. min.	Due to
9. Birthplace Bath hu	arteroselevarios 740
The Chanter and appear A . B	Due te
10. Usual Occupation Clerk Wholesale	
11. Industry or business Child Ling	Other Conditions
12. Name Henry Scharfel	Include pregnancy within 3 months of death)
13. Birthplace Balls	Major findings: Underline the
W. F01)	Of operations cause to which
14. Maiden Name Maryage	death should be charged statis-
15. Birthplace	Of autopsy tically.
16 (a) Informant power of genapor	22. If death was due to external causes, fill in the following:
(b) Addgess 14 10. Latayello WT	(a) Accident, suicide, or homicide
17 (a) Durise (b) Date the Roll 12 5739	(b) Date of occurrence
(Burial, cremation, or removal) (month) (ddy) (Year)	(City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Charles Social florit & a	place? While at work? (Specify type of place)
18 (a) Funeral direct Many 1900 ACL	(e) Means of injury 20 - A
(b) Address 110 VT. M. Kayavur	23. Signature
19 (a) (b) Ling 0	Address 20 & Ok Clearan Carly
(Date ree'd by registrar) Registrar	Address - C C C C C C C C C C C C C C C C C C

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# CERTIFICATE OF DEATH

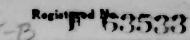


	- HOUAL BESIDENCE OF DECEASED.	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	Car
Delemore City Maryland	(a) State md. (b) County Date.	
Street address Fayette & Calhoun Ste.	(c) City or LOWA Baltimore	melus
	(1) City of fill outside city or fown timits, write RERAL	and give town)
Frankliw Square Hospital	1 Sheet No. 12 26 Leede Jerry	ace
d) Length of stay in howital or inst. (yrs., mos., or days ? hour	P 1	-
Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?	yearsyears
2/1/ 17/	00	
(a) FULL NAME Some Some	MEDICAL CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH December 3 1939	17:20AM
No.	20. DATE OF DEATH DECEMBER J 1987	d: that lattend
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above states ed deceased from 12-3 1938, to 12-	3 1977
male White divorced Single	and that I last saw herealive on lee. 3 19	39.
6 (A) Name of husband or wife	and that I last saw nervource on	Duration
6 (c) It alive, give age	Immediate cause of death leurebral Idemourhage a Thrombon	
7. Birth date of deceased ma, day, yr rung 15-1887	resulting in apopling	
8. AGE: Years Months Days Mess than one day	Due to My puttrice landis.	
50 3 /8 hr. min.	varlular dues	
9. Birthplace Ballimore, Md.	Due to	
(Town, county, and staye)		
10. Cours occupations	Other Conditions	
11. Industry or business B. 40.18.16.	(include pregnancy within 3 months of death)	PHYSICIAN
12. Name lugust Tour	Major findinge:	Underline the
13. Birthplace Germany	Of operations	eause to which death should be
To yould		charged statis-
14, Maiden Maine	Of autopsy	tically.
15. Birthplace Germany & Jacob	22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant Burkard 9 Jacob	(a) Accident, suicide, or homicide.	
(b) Address /229 Leeds learning	(b) Date of occurrence	
17 (a) Durie (b) Date thereof (month) day (man)		unty) (State)
(e) Cemetery or crematory www Gathernal	(d) Did injury occur about home, on farm, industria	rek)
Old Frederick Poly	place? (Specify type of place) While at wo	
Location Hanny A. lints	(e) Means of injury	
18 (a) Funeral director	23. Signature Mathan Way	1
Address 12. 1030 Hate for Milliams	Falls Su Hosp Date of	gned (2/3/20
19 (h) Date rec'd by registrar) Registrar	Address Manual M	
Date ready 1		

VS 3

1	
	63533
-	1. PLACE OF DE
-	(b) Street addre (c) Hospital or
	(d) Length of et
	3 (a) FULL NAM
	3 (b) If veteran,
	4. Sex
	6 (b) Name of Mane of Much
	7. Birth date of 8. AGE: Year
	9. Birthplace
1	10. Usual Occu
1	11. Industry or

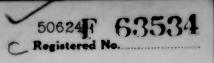
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 316 S. Mount St.	2. USUAL RESIDENCE OF DECEASED:  (a) State	
(a) United address	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town	
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.)	
3 (a) FULL NAME Basil Bryon Watts		
3 (b) If veteran, name war  3 (c) Social Security Accounts No.	20. DATE OF DEATH DEC \$ 2- 1039 at 1045 pm	
4. Sex   5. Color or race   6 (a) Single, married, widowed divorced.	ed deceased from ruly 21 1939, to 20 1939.	
6 (b) Name of husband or wife atherine M. Watts nee Kuehne ) 6 (c) If alive, give age ye.  7. Birth date of deceased (mo., day, yr.) Jan. 10, 187		
8 AGE: Years   Months   Days   If less than one day   10   22   hr. n	Due to Coursey Ikart  Due to Coursey Ikart	
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual Occupation Onductor	Due to	
11. Industry or business B. & O. R. R.	Other Conditions	
12. Name John N. Watts 13. Birthplace Md.	(Include pregnancy within 3 months of death)  Major findings:  Of operations  (Include pregnancy within 3 months of death)  Underline the cause to which	
14. Maiden Name Alverta Martin 15. Birthplace Md a	Of autopsy death should be charged statis-	
(b) Address 316 S. Mount St.  (b) Address 316 S. Mount St.  (b) Date thereof Dec. 6/3 (Burial, cremation, or removal)		
(c) Cemetery or exemptory Loudon Park  Location 3 301 triderich for Williams 18 (a) Funeral director & arm & Williams	(d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury	
(b) Address 4101 Edmondson Ave.	23. Signature Albert Kermesel  Address (934 Willens Ov Date signed 12/4/3	

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6	0	-	. 5	
	• )			

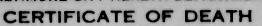
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(g) State (aryland (b) County	
(b) Street address Baltimore, Maryland	Reltimore	
(c) Hospital or institution:	in outside thy or town	town)
Baltimore City Hospitals	d Street No. 1519 W. 36th St.	
(d) Length of stay in hospital or inst. (ym., mos., or days)	(If rural give location)	years
(r) Dength of etcy in Dental		
3 (a) FULL NAME JANE Martha Willett	MODIAL CORRESPONDE	
3 (b) If veteran, name war No.	MEDICAL CERTIFICATION  20. DATE OF DEATH /2 - 3 1937. at /3	5/9M
4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Widow	21. I certify that death occurred on the date above stated; that land deceased from 12 - 1937, to 12-319	ttend-
remere in the second of the se	and that I last saw her alive on 12-3 1939.	
6 6 Name of husband or wife William 7. Mullium 6 c If alive, give age years	Immediate cause of death.	-
20 1049	Insteading Obstruction sev	eral
7. Birth date of deceased mo., day, yr.)	day	s
8. AGE: Years Months Days If less than one day	Due 10 Carcinoma Spleme ?	
71 6 3	flature of colon .	1
9. Birthplace Pa. (Town, county, and state)	Due to	
10. Usual Occupation Housewife		
11. Industry or business	Other Conditions	
The state of the s	(Include pregnancy within 8 months of death)	BICIAN
12. Name Henry Bucher	Major findings: Under	rline the
13. Birthplace Pa.	Of operations Same	to which
14. Maiden Name Sarah Wolet	charged	hould be
14. Maiden Name 15. Birthplace Pa	Of autopsy Yes tically.	
1), birmpiece	22. If death was due to external causes, fill in the following:	
To a informant	(a) Accident, suicide, or homicide	
(h) Address Baltimore city Hospitals	(b) Date of occurrence.	
17 (a) Durial (b) Date thereof LLC. 6-1939 (Burial cremation, or removal), (cay) (year)	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	State
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial place, in	
(c) Cemetery or crematory	William more)	
Location Dallynore Co.	place? (Specify type of place)	
18 (a) Funeral director Horace Hourgel	Means of injury	
(b) Address 3631 Falls Road	2 Charles LK. Wasdward M.	I. D.
19 (a) (b)	Address Selv. City HoyA. Date signed &	-2-1
Date red by Charles	-	
Uliver's Town southerficts / Milestine , March		

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### UGK BALTIMORE CITY HEALTH DEPARTMENT



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1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		(a) State Marian A (b) County	
(b) Street address	12.7. M.A		
(c) Hospital or institution:		(c) City or town B	AL and give town)
~ ~ ~ ~		(d) Street No. 1026 W. Lexington St.	
(d) Length of stay in hospital or inst		ilf rural give location	
(e) Length of stay in Baltimore (yrs.	, mos., or days) 17 y	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME WILLIO MUO	A.sti.		
3 (b) If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Production 27 19 3	1 at 4 45 PM
	2) Single, married, widowed, or orced.  Married	21. I certify that death occurred on the date above stared deceased from Aut 12 19 37, to her	ted; that lattend- v. 27 1939
6 (b) Name of husband or wife	Dujf.	and that I last saw h & alive on hov. 27	19 39
6 (4	c) If alive, give age years	Immediate cause of death.	Duration
7. Birth date of deceased mo., day,	ут.) 7-2-1903	Rustine of aneuryson of the aurts	unkurre
8. AGE: Years Months Days	If less than one day		1. 1.
36 4 25	hr. min.	Due to Syphulin	museum.
7. DIRIPIACE	Ark,		1
(Tow	n, county, and state)	Due to	
10. Usual Occupation Unimous. 11. Industry or business		Other Conditions	
		Other Conditions	DUVERGIAN
2 12. Name Charles Sco		(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace	0	Major findings: Of operationa	Underline the
14. Maiden Name	rince	Ot operationa	death should be
15. Birthplace		Of autopsy hat dens	charged statis-
	G6.	22. If death was due to external causes, fill in the f	ollowing:
16 (a) Informant Records		(a) Accident, suicide, or homicide	
(b) Address 14 *	C. b. Bozantaja	(b) Date of occurrence	
	Date thereof (month) (day) (year)	(c) Where did injury occur?	
(Burial, cremation, or removal)	(millen) (day) (year)	(City or town) (Cot (d) Did injury occur about home, on farm, industria	unty) (State)
(c) Cemetery or crematory		place? While at wo	
Location WIVERSIT ME	DICAL STREET DEC 4 - 19.	(Specify type of place)	
18 (a) Funeral director	missioner of Health	(e) Means of injucy.	
(b) Address	Pan 14 all as 4/1/	23. Signature	M. D.
19 (a) DECA - 1555+	interpor Mileaus M.	Address Dullo Caby Norforte si	gned/2-1-34
(DETORING OF PREMITAR)	21 40	11	
VS 8	230		

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1	Ocher

1 PLACE OF DEATH

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

3 F 63536 Registered No.

(a) Baltimore City, Maryland (b) Street address 4940 E	estern Ave.	(a) State 1.d. (b) County	
(c) Hospital or institution:  Ralto. City Hospitals		(c) City or town Balto. (If outside city or town limits, write RUR	
	r inst. (yrs., mos., or days)143 de.	Street No. 961 W. Mulberry St.	a F
(e) Length of etay in Baltimore	yrs., mos., or days) 19 yrs.	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME	Louisia Stroud	(46117)	/
3 b If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 1, 19	39, at 10:10 M
4. Sex 5. Color or race Ferale Colored	6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stared deceased from June 30, 19 39, to De-	c. 1, 1939.
6 (b) Name of husband or wife	David 6 c If alive, give age years	and that I last saw h er alive on Dec. 1,	
7. Birth date of deceased mo.	day, yr June 22, 1895	Intermediate of the wings	1.641937
8 AGE: Years Months 1	Days If less than one day	Immediate cause of death I a beau loves of the lungs Cate feed Herrary or - of the lune Due to	1952
44 5 9	10 hr. min.	Due to	avz
9. Birthplace S. Car.	(Town, county, and tate)	Due to	
10. Usual Occupation H.W.	re.		
11. Industry or business		Other Conditions	
E 12. Name Thomas	lowell	(Include pregnancy within 3 months of death)	PHYSICIAN
13 Birthplace ??		Major findings:	Underline the
×		Of operations	cause to which
14. Maiden Name Phoeb	ie	~1	death should be
2 15. Birthplace		Of autopay 792	ticulty.
16 (a) Informant Hospite	l necords	22. If death was due to external causes, fill in the	following:
(b) Address		(a) Accident, suicide, or homicide	
2	b Date thereof /2 - 5 - 39	(b) Date of occurrence	
17 a January or remove	al) , month) (day) (year)	(c) Where did injury occur?	unty) State
Cemetery or ecemetory	mt Caliany 12-5-39	(d) Did injury occur about home, on farm, industria	
Location 9 9	on mot	place? While at w	
7.11	Perma a Sackbon	(Specify type ( plac)	
18 a Funeral director Galleany a factor		(e) Means of injury	
(1) Address 9/6 (7)	my di de Will	23. Signature	M. D.
19 (a) 0 day registroon	Thurtington Hollingens	Madress Balto. City HospitalDate s	igned 12-1-30
VS 3 1333	- U		

information should be carefully supplied. AGE should be stated EXACILL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## HEALTH DEPARTMENT—CITY OF BALTIMORE

F 63537	CERTIFICAT	E OF DEATH	+159	63537
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1)	wently &	Hosp 4-	ward) give	ered No
2. FULL NAME	y Tray	double of	If U. S. V specify W	eteran
PERSONAL AND STATISTICAL PA	nbode)		Ward	ity or town and State)
2. SEX 4. Color or Race 5. Single	Married, Widowed, d (write the word)	21. DATE OF DEATH ( 22. I HEREBY //-30-	month, day, year)  CERTIFY, That I	2-/- 1957 attended deceased from 2-/- 1939 P. 1939 Death is said
(or) WIFE of	-70-39  If LESS than I day, d. hra. or min.	I inst saw h.L. alive or to have occurred on the d The principal cause of dea importance were a	ata stated above, at	
this occupation (month and	tal time (years)	Other contributory course of	d'importances	
12. BIRTHPLACE (city or town) Belling (State or country)	Tray	Was an operation performed?  For what disease or injury?  Name of operation  What test confirmed diag  23. If death was due to	month House Was t	here an autopsy?
15. MAIDEN NAME (Jelma Edward 16. BIRTHPLACE (city or town) wood (State or country)	Johnson	Accident, suicide, or hom Where did injury occur?	Specify city or t	injury 19
15. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place. Date	19	Nature of Injury		
	Williams M.S	24. Warn dhease or injur		occupation of deceased?
	524			

information should be carefully supplied. AGE should be stated EAACILL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## HEALTH DEPARTMENT—CITY OF BALTIMORE

63538 CEI	RTIFICATE OF DEATH + 119 F 63538
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. Manuel	(If death occurred in a hospital or institution, give its NAME instead of sireet and number.)
Length of residence in city or town where death occurre	d yra mos ds. How long in U. S. If of foreign birth? yra mos ds.
2. FULL NAME Bales Bolt	If U. S. Veteran
(a) Residence: No.	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICU	JLARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Marrie or Disporced (write	22. I HEREBY CERTIFY, That I attended deceased from
Sa. If married, widowed, or divorced HUMBAND of	I last saw h Limite on 11 - 30-19 37 Death to said
6. DATE OF BIRTH (month, day, year) /1- 15	-39 to have occurred on the date stated above, at 3:537m.
7. AGE Years Months Days 11	LESS than day,hrs. min.
5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, asw mill, bank, etc.  10. Date decement last worked at this occupation (month and gent) in to occupation.	his have
12. BIRTHPLACE (city or town) Baltinia (State or country)	we, Me was an operation preference? No Date of
13. NAME Frank Norms  14. BIRTHPLACE (city or town) Kentle (State or country)	Name of operation  What test confirmed diagnosis? Man there an autopay?  23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME Margaret File	Accident, suicide, or hornicide?
(State or country) Marylas	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT	Manner of injury
Piece UNIVERSITY MEDICAL SCHOOL DEC 4-	Nature of Injury
19. UNDERTAKER COMMISSIONER OF HEALTH	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  W. D.
20. PREND	Registrar. (Address) University Hospital
1002 1000	5242

食	3539	34
7	3711	27
	1. PLACE OF DEATH	
	(b) Street address (c) Hospital or ins	
causes of death clearly and legibly	(d) Length of stay	in hoopi
and	(e) Length of stay	
arly	3 (a) FULL NAME	2,5
h cle	3 (b) If veteran, na	me war
f deat	4. Sex 5.0	Color or
uses o	6 b) Name of hu	
the ca	7. Birth date of de	
ite	8. AGE: Years	
-	R	1.5

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State. not (b) County
(b) Street address	(c) City or town Baltinine
(c) Hospital or institution:	(If outside city or town limits, write RURAL and give town)
	Suca No. 611 h. Chapel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27das	(If rural give position)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)
3 (a) FULL NAME J. Sm. Thumas	
3 (b) If veteran, name war   3 (c) Social Security Account   No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 3, 1939. at 2 P, M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. Legrify that death occurred on the date above stated; that lattend-
male regro divorced.	ed deceased from how 6, 1989, to Dec 3 19 39
6 (b) Name of husband or wife	and that I lust saw h himslive on hore 3, 19 39.
6 (c) If alive, give age years	Immediate cause of death, , Dwation
7. Birth date of deceased (mo., day, yr.) 6-9-39	Dehydration
8. AGE: Years Months Days If less than one day	7
6 24 hr. min.	Due to Danker - non
9. Birthplace mary land	Due to
(Town, county, and state)	
10. Usual Occupation 11. Industry or business	Other Conditions of the mestin
00 - 0 91	PHYSICIAN
12. Name Charles homes -	(Include pregnancy within 3 months of death)  Major findings:  Underline the
2 13. Birthplace many land -	Of operations cause to which death should be
14. Maiden Nameleliel Webb-	charged statis-
15. Birthplace mary land	Of autopsy tieally.
16 (a) Informant Records.	22. If death was due to external causes, fill in the following:
(b) Address FORMS HOPKINS HOSPITAL	(a) Accident, suicide, or homicide
17 (a) (b) Date thereof Dec C	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year)	(City of fourt)
(c) Cemetery or crematory Colovery	(d) Did injury occur about home, on farm, industrial place, in public
Location	place? While at work? (Specify type of place)
Funeral director & dword Bryon	(e) Means of injury A b and the
1944 orleans st	23. Signeture Larry 6. 13 octures
19 (a) 1933 (b) Thurstington Holling	Addres John Hythin Hop Date signed 124-39
(Date rec'd by registrar) Registrar)	
152	

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

# F 63540 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Maryland (b) County	
) Baltimore City, Maryland		
Street address 2518 Guilford Ave.	(e) City or town Baltamore (if outside city or town limits, write RUR)	AT and wive town:
Hospital or institution: Home	if outside city or town limits, write	TI MIN BIVE (O. A)
	Street No. 2518 Guilford Ave.	
1) Length of stay in hospital or inst. (yrs., mos., or days)		
1116	(e) If foreign born, how long in U. S. A.?	years.
Length of stay in Baltimore (yrs., mos., or days)		
(a) FULL NAME Charles L. Hehl	TON STORY	
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	0 10
No.	28 HATE UP DEATH	7. at /0, M
Sex 16 5. Color or race 6 (a) Single, married, widowed, or	The state of the data above sta	sted; that lattend-
Sex M divorced. married	1 1 16 19 19 10	119-1.
****	and that I last saw he after on Box. 3	19 3
b) Name of husband or wife Lillian West	Immediate/capse of death	Duration
6 c Il alive, give age	My ocorones May	4 5 WW
7. Buth date of deceased mo., day, yr.) Nov. 11/1864	1	
3. AGE: Years Months Days If less than one day	Due to	
75 0 21 hr. min.	Ducto	
9 Birthplace Balto. Md.	Due to	
D. Admid C. P. A. 8	Duc to	-
10. Usual Occupation Retired C. P. A.	Other Conditions	our
11. Industry or business		PHYSICIAN
12. Name Louis Hehl	(Include pregnancy within 3 months of death)	
Comment was	Major findings:	Underline the
- 1) phoposis	Of operations	death should b
14. Maiden Name Henrietta Haessier		charged states
14. Maiden Name Henrietta Haessler Prus ia	Of autopsy .	
	22. If death was due to external causes, fill in the	e tono a mg.
16 (a) Informant Bertha Hehl 2518 Guilford Ave.	(a) Accident, suicide, or homicide	
	(h) Date of occurrence	-900
17 (a) Burial (b) Date thereof (month) (day) (year	(c) Where did injury occur? (City or town)	County) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industri	rial place, in publ
(c) Cemetery or crematory	While at	werk?
Location road	place? (Specify type of place)	7 0
18 (a) Funeral director Join Olist chell & 32.5.	(e) Means of injury	rum
TOO HILAY FIRED WALL	23. Signature	M. D.
(b) Address Williams	Ty. Biddle Date	signed
10 (ALC) A (b) Tanner Bendetrar	Address	

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	a State hel & County Baltima	v
b) Street address		
c Hespital or institution	c City or town Baltimore (If our deary or town limit, write RURAL and	f give town)
Union memorial Hospital		
d Length of stay in hospital or inst. (yrs, mos, or days)	nd Sifeet No. 5 Orhney Court	
c Length of stay in Baltimore lyrs, mos, or days	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME DANIEL J, MEA	RA	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH December 2 1939, at	930 M
4. Sex 5. Color or race 6 a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the remains	
In worked dengte.	above, held an sugares thereon and from the	
( N N ( Lucked ex mile	(Aut a v tor long)	
6 (h) Name of husband or wife 6 (c) If alive, give age years	obtained by said (Autop ) or I and that said dece	aseu came
7. Birth date of deceased mo, day, yr. 2/11/1920	to kis death on the day stated above.	
8 AGE: Years Months Days If less than one day	Immediate cause of death	Duration
19 9 21 - hr min	Sun shot would of	
11 4.5.0.	head	
9 Birthplace (Town, county, and state)	Due to.	
1 1		
10. Usual Occupation 11. Industry or business	Due to	
x ent. Treas		
5. 0.	Other Conditions	
13 Birthplace	(Include creamany within I months of death)	PHYSICIAN
14 Maiden Name anne C. (Zepp)		'nlr n th
\$ 15 Burhplace . Ohio		to which
A: 10ml. Sura	Of autoney	arged status
16 1 Informant Named Thesan Meana	2) If death was due to external causes full in the follow	
Address #5 Orlving Court	a Accident, suicide, or homicide	meide
17 Date thereof 2 3/39 (minth) (day) (year)	Date of occurrence Dec 2 and, 1934	9
12 11.	(c) Where did injury occur? 5 Orthony Con	T.
Cemetery or cremators	Did injury occur about home, on farm, industrial place	e. in public
Location	place? While a; work?	, in proceed
18 a Funeral director Garage J. 1 Puter Tuc.	(Specify type of place). rifle	10-11-4
DENCALLANT A BY on Gen yet	(e) Means of injury 2 2 called the states	MO
10 C 4 - 1939 - L + Williams Mar	Date signed lee L, 1931	- M.D
19 (a) Registrar Registrar	Date signed Le L, 1937	
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31275963542	BALTIMORE CITY CERTIFICA
1. PLACE OF DEATH: (a) Baltimore City, Maryland	
(b) Street address	JOHNS ROPKINS ROSPITAL
(d) Length of stay in hospital	or inst. (yrs., mos., or days)
(e) Length of stay in Bakimore	e (yrs., mos., or days)
3 (a) FULL NAME	the Schaet
3 (b) If veteran, name war	3 (c) Social Security Acres
4. Sex 5. Color of race	6 (a) Single, married, widowed, of divorced.  Married
6 (b) Name of husband or wil	
7. Birth date of deceased (mo.	., day, yr.) 7 - 21-79
8. AGE: Years Months	
60 4	13 hrmi
9. Birthplace 7714	. Baltimore
.1	(Town, county, and state)
10. Usual Occupation	austruge
11. Industry or business	Witts
12. Name & Man	nel Kritz Witts
13. Birthplace	md ?
14. Maiden Name and	nie Smith
15. Birthplace	d.
16 (a) Informant	ecords.
(b) Address	HS HOPKINS HOSPITAL
17 (a) Buriel	(b) Date thereof Dec. 6 th, 1
(Marial eremation, or rem	

(c) Cemetery or crematory Littleon Park Cemetery

Location 18 (a) Funeral director

19 (a) | 19

F 63542 Registered No. E CITY HEALTH DEPARTMENT IFICATE OF DEATH

Z. USUAL RESIDENCE OF DECEASED:	
(a) State Md (b) County	
(c) City or town Baltimare	T
elf outside city or town limits, write RURA	I she give town
W Street No. 2633 Wahlana	ase
August 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(A) If foreign born, how long in U. S. A.?	year
(Lottie Schaeffer)	X
MEDICAL CERTIFICATION	1
20. DATE OF DEATH Des 4 1989	9. 19 2
21. I certify that death occurred on the date above state	ed; that lattend
ed deceased from Dec 1 1939 to De	e 4 1939
and that I last saw her alive on Dec 4 19	39.
Immediate game of douth there,	Duration
postation, collapse	0019 100
- 0	100
Due to Luciana a	1000
Due to 7 7 PC	
Other Conditions	
	PHYSICIAN
(Include pregnancy within 3 months of death)  Major findings:	Underline ti
Of operations	cause to whi
	death should !
Of autopey	tically.
22. If death was due to external causes, fill in the fi	ollowing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	0 = 0
(c) Where did injury occur? (City or town) (Cou	nty) (State)
(d) Did injury occur about home, on farm, industria	
place? While at wo	rk?
(Specify type of place)	000000000000000000000000000000000000000
23. Signature John & Hunt Address Johns Haptung Hosp Date si	
23. Signature John To Head To	M. D.
LALL NUMAN MOREMAN II TO Date on	gned In I

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BALTIMORE CITY HEALTH DEPARTMENT F 63543 CERTIFICATE OF DEATH 1. PLACE OF DEATH: (a) Baltimore City, Maryland b) Street address 1703 LINGEN e Hospital or institution d Length of stay in hospital or inst. (yrs., mos., or days) Mone (c) Length of stay in Baltimore (yrs., mos., or days) 40 900 3 a FULL NAME Dung. 3 (c) Social Security Account 3 b) If veteran, name war cone. 11/nE 6 (a) Single, married, widowed, or 6 1 Name of husband or wifellbert Lang 7. Birth date of deceased mo, day, yr.) 8 AGF 10. Usual Occupation Salad IV own home 11. Industry or business 13 Birthplace 15. Birthplace 16 1 Informant MULLIT (c) Cemetery as exematory and on Pari Location 18 a Funeral director lillians Cool

## Registered No. 2. USUAL RESIDENCE OF DECEASED: (a) State ((4) b) County (If outside city or town limits, write RURAL and give town) (e) If foreign born, how long in U. S. A.? years. MEDICAL CERTIFICATION 1939 at 10,30 A 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattended deceased from Upr 27 139, to Dec 2 1939. and that I last saw her alive on Dec 1:19 39 unge Other Conditions PHYSICIAN (Include prognancy within 3 months of death) Of operation - Beopsy shones Major findings: Underline the which death should be charged statis-Of autopay 22. If death was due to external causes, fill in the following: 200 (a) Accident, suicide, or homicide none (b) Date of occurrence (c) Where did injury occur?

(City or town) (County)

(d) Did injury occur about home, on farm, industrial place, in public Trone While at work? No (Specify type of place)

(e) Means of injury

Duration

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1. PLACE OF DEATH: Baltimore City, Maryland 4 (6) (0) 1 3 0 6 1 7. B 9 B 10. 11. 17

F 63545

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

F 63545
Registered No.

Baltimore City, Maryland Grindon ave	a State Md. (b) County -
Hospital or institution:	City or town Baltimore
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days) 50 yrs	(d) If foreign born, how long in U. S. A.? 50 years years
Richard K. Benser	
If veteran, name war  No. No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec 3- 1939, at 4 2 M
M. Single, married, widowed, or divoral divoral	21. I certify that death occurred on the date above stated; that lattended deceased from Dec / 19 25, 10
Name of husband or wife anna M. Benser	and that I last saw hard alive on 3 1935.
GE: Years Months Days If less than one day hr.  with place  Usual Occupation Mulicia Cable  Industry or business Suffer Co.	Due to  Other Conditions  Other Conditions
2. Name August Benser	(Include pregnancy within 3 months of death)  Major findings:  Lindayling the
4. Maiden Name Emily Walther  5. Birthplace Germany	Of operations  Underline the cause to which leath should be charged statistically.
a Informant Charles & H. Bethser	22. If death was due to external causes, fill in the following:
b Address 7803  Date thereof Die 5- 39  (Marial cremation, or removal)  Completely or crematory  Porhowd Cem.	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
Location Ballimore Co.  Funeral director William Cook  b Address 47 St Paul St	place? While at work?  (Specify type of place)  (e) Means of injure  23. Signature
(Date rec'd by registrar)  (Date rec'd by registrar)	Address 4 708 Horn Show signed 2/6/2
AK 5	

- DIACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH: (a) Baltimore City, Maryland	
	(a) State (b) County
b) Street address.	c City or town / we were
Hospital or institution:	(If olitside city or town limits, write RURAL
Il pepho Hop	1 Show No. 114 2. 3/20 21
d Length of say in hospital or inst. yrs., mos., or days	(If rural give location)
e Length of stay in Baltimore (yrs., mos., or days)	e If foreign born, how long in U. S. A.?
3 (a) FULL NAME	(2-2
3 b If veteran name war 3 (c) Social Security Acces	ount MEDICAL CERTIFICATION
No.215-16-08	
4. Sex 5 Color or race 6 a Single married, walowed	
divorcedingle	above, held an Acceptage thereon and from
(b) Name of husband or wife	obtained by said ' find that said d
	(Autopsy or Inquiry)
the 1 166	to puts death on the day stated above.
7. Birth date of deceased mo. day, yr Dec 3, 192	Immediate cause of desth
AGE: Years Months Days If less than one day	huunhaya miram
/ % / hr.	min Cerebral Leuren
Bushalase Balto Md	Due to
Birthplace A The Course And asker	Due to
10. Usual Occupation for which	Due to
11. Industry or business of Treef Dir.	Due to
- Aladia	Other Conditions Rheumabe enous
12 Name Torus	ash Tutral rever with view
13 Birthplat Gallerne	(Include pregnancy within 3 months of death)
14 Maiden Note Lucritta Dulby	Major findings:
14 Maiden National And	Of operations
3 15. Birthplace William 19	
16 a Informan Louis, Wayes	Of autopsy
10111 2 311	22. If death was due to external causes, fill in the fo
Address 1914 Cara	
17 10 Burial 1 Date thereof 12/6/3	12/3/29 - 12/30
(month) (day)	Where did injury occur? By ar Po way
Cemetery or cremetery Treen mount	(City or town) (Coun
Location Pylits - Med. 1	d Did injury occur about home, on farm, industrial
nr. Ilman Work	place?, While at wor
18 (a) Funeral director	(e) Means of injury In sultan Chilis
b) Address 1217 A Toulet	23 Signature 1 1/2/ March Charles
mating the Manue M.	Medical Examine
DE CONTE reced 10 20 pure	Date signed 244 f
DE 1000	

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 63546

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Durstion

PHYSICIAN Underline the cause to which death should be charged statistically. owing:

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M.D.

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years

210 - MRegistered No.

I. PLACE OF DEATH:	Z. USUAL KISIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State (b) County	
b) Street address 4/4 Natro Lama Val	KATI 30	
c) Hospital or institution:	(c) City or town	AL and gave town
	VIVIA Notae (Tarrel	1 Huo
2.1 at 6 as is beginning as inst (was most or days)	Street No. 4 / flat w will find the lift rural give location	2107.
d Length of stay in hospital or inst. (yrs., mos., or days)	A 1	
(e) Length of stay in Baltimore (yrs., mos., or days)	foreign born, how long in U. S. A.?	years
(a) FULL NAME Pristian Klages		
3 (h) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	- 6.
No. 213-09-8208	20. DATE OF DEATH THE 4 1937.	, at 2:57 M
Sex A 5 College race 6 (a) Single married, widowed, or	21. I certify that death occurred on the date above stat	
Male A Mit & divorced Married	ed deceased from July 1938, to file	
Mary of Slave	and that I last saw has alive on the 3 1	
(b) Name of husband or was to of if alive, give see to years	Immediate cause of death .	Duration
19 1 1114	Bardis Varentar Renal	Unknow
7. Birth date of deceased mo, day, yr. /// 22.1867 8. AGE: Years Months Days Less than one day	Day of the contract of the con	7
10 1 10 1.	Due to	
hr. hr.	Due to	
9 Birthplace Surjemon pla	Due to	
10. Usual Occupation Abustang	Due to	
11. Industry or business of Miles Kalker	Other Conditions	
The minutes of the state of the		PHYSICIAN
12. Name Midwell of Charles	(Include pregnancy within 3 months of death)	FNISICIAN
13 Birthplace Gurmany	Major findings: Of operations	Underline the
# 14. Maiden Nave Mr. Stuston	Of operations	death should be
	Of autopsy	charged statis-
15. Birthplace	22. If death was due to external causes, fill in the f	
16 a Information of the lages	(a) Accident, suicide, or homicide	onowing.
4 Address 419 Norsh Long TV.	b) Date of occurrence	•
17 Date thereof Level 1939	(c) Where did injury occur?	
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (Cou	inty) (State)
c) Cemetery or crematory	(d) Did injury occur about home, on farm, industria	
Location // July www Jago	place? While at wo	rk?
18 (a) Funeral director full cong	(e) Means of injury	
6 Address 1219 LA Foul of	22 simultant to the Devett	
	Address 2576 Penn. Cur Date si	Can L
19 to The Block registrer) - 5 5 17 Registrer	Address 2576 Penn. Cur Date si	gnear all 35

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00549	HEALTH DEPARTMENT-CITY	OF BALTIMORE (	33548
Date Perch		/ / /	

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY OF BALTIMORE: (No. SINAL HOSPITAL	T of bilder wings of
	mos. ds. How long in U. S. If of foreign birth?
2 FULL NAME alaham tontill	specify WAR
(a) Residence: No. J. W.	d'St, Ward.
(Umai place of abode)	(If non-resident sive city or town and State)  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	10/1/
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) / 4 , 1937 22. I HEREBY CERTIFY, That I attended deceased from
5a, If married, withowed, or divorced	12/3 1939, 10 12/4 1939
HUSBAND of COOL (or) WIPE of	I last saw hates, alive on. / > / 4
6. DATE OF BIRTH (month, day, year)	to have occurred on the date stated above, at S. A.J.A.m.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
1 day,hrs.	artini scloshes Beat Mislan
Z A. Trade, profession, or particular kind of work done, as apinner.	anticolar no 1
kind of work done, as apinner, sawyer, bookkeeper, etc.  5. Industry or business in which work was done, as allk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and  11. Total time (years) spent in this	
work was done, as allk mill, saw mill, bank, etc.  Dute decensed had worked at 111. Total time (yeurs)	Other contributory cases of importance:
C 10. Date deceased last worked at this occupation (month and spent in this occupation.	Micheles melleter
12. BIRTHPLACE (city or towh)	no Pote of
(State or country)	Was an operation performed?  Por what disease or injury?
E 13. NAME UNITALITY	Name of operation
13. NAME UNCOLONGE (elty of town) (State or country)	What test confirmed diagnosis? Was there an autopay?
	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town State or country)	Where did injury occur?
State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
I INTORMANT ON a tentile.	place
condition 3108 Mariam Swa.	Manner of injury
Place Under Mill Wire 12-5-39	Nature of injury
13. INDERTAKES DOT CHEWIS INC	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1739 E. Dalto. Dr	(Styrod) Alyan 1. Weyeld op.
Registrar.	(Address) Lines Hospila
CC 3 - 1U1U - Regional	

63549  BALTIMORE CITY HE CERTIFICATE	50326 HB EALTH DEPARTMENT E OF DEATH //4-8 Registered No.
A. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution:  Baltimore City Hospitals  (d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days  (e) Length of stay in Baltimore (yrs., mos., or days). Life	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Baltimore (If outside city or town limits, write RURAL and give town)  (d) Succe No. 230 K. Pleasant St. (If rural give location)  (e) If foreign born, how long in U. S. A.? years
Michael Gormly  3 (c) Social Security Account No.  5. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Single	MEDICAL CERTIFICATION  20. DATE OF DEATH  Le conding 3 1939, at 6 PM  21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 20 1939, to Mcc. 3 1939, and that I last saw him alive on Mcc. 3 1939.
6 (c) If alive, give age years  6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Jan. 24, 1882  8. AGE: Years Months Days If less than one day  57 10 9 hr. min.  9. Birthplace Baltimore, Md.  (Town, county, and state)  10. Usual Occupation Laborer	Immediate cause of death  Rung abcuss  Due to
12. Name James Gormly (dead) 13. Birthplace Ireland 14. Maiden Name Gridget Cahill (d) 15. Birthplace Ireland	Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  The death of death  Underline the cause to which death should be charged statistically.
(a) Informant Records (b) Address B. C. H.  (7 (a) Burial (b) Date thereof 12 (b) 3 9 (Burial, eremation, or removal) (month) (day) (year) (c) Cemetery or crematory (day) (year) (b) Address M. O.  (b) Address M. O.  (c) Date rec'd by registrary	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence

t age is especially important. Physicians: please write the causes of death clearly and legibly.

•

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md (b) County
(b) Street address	(c) City or town Scall or town limits, write RURAL and give town)
(c) Hospital or institution:	(c) City of town (if one ine city or town limits, write RURAL and give town)
Mospital or institution:	such No. 1602 h. Mont find Cal
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2	A Later Size of August Size of Augus
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
	X
3 (a) FULL NAME.	A CONTINUE ATION
3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Dec. 4 1989, at 6 50 PM
4. Sex   5. Color or race   6 (a) Single, married, widowed, of	21 I certify that death occurred on the date above stated; that lattend-
Will refute divorced named	ed deceased from May 12 1931, to Dec. 2 1939.
Burdieta	and that I last saw hem alive on August 1937.
6 (b) Name of husband or wife 6 (c) If alive, give age year	Described
(A)A/A/A	
7. Birth date of deceased (mo., day, yr.) March 19, 186	
O. AGE:	Due to Cacherra,
76 8 15 hr. mi	
9. Birthplace St. Mary's Co. Md	Due to Central me way lander
O HOWIN, COUNTY	Ladder Madder
10. Usual Occupation Octuned	Other Conditions Severalized
11. Industry or business	a terrordevous puvercian
12. Name Henry adams	. Include pregnancy within 3 months of death)
13. Birthplace Prince, Georges Co. Md	Major findings:  Of operations  Of operations
1), birthplace Annie, starting	Of operations death should be
H 14. Maiden Name alice Broner	death should be charged statistically.
15. Birthplace Prince Georges G. Md	Of autopsy
16 (a) Informant Benedleta adams	22. If death was due to external causes, fill in the following:
(b) Address 1602 Montford are	(a) Accident, suicide, or homicide
(b) Address / 60 (b) Date thereof /2/2/3	(b) Date of occurrence
17 (a) N	(City or town) (County) (State)
(Hurial, cremation, of fellows, 19 7/ 0	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery of crematory	While at work?
Location M. Chasues self ma	(Specify type of place)
18 (a) Funeral director Klustuary De Coverge	(e) Means of injury
(b) Address 21 w , 25 - 1	23. Signature M. D.
(0) /400/00.20.	Address University boxistal Date signed 14 4 39
(h)	A 11 mg refra thy to Wallet Date signed

#### 1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address Januar Fark Drive and 31st St. (c) Hospital or institution: U. S. Marine Hospital , Baltimore, Md. (d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo25da (e) Length of atay in Baltimore (yra., moa., or days) Unknown 3 (a) FULL NAME Marriott Miller 3 (c) Social Security Account 3 (b) If veteran, name war No. 218-09-6294 6 (a) Single, married, widowed, or 5. Color or tace 4. Sex divorced. Sincle White Male 6 b Name of hueband or wife 6 (e) If alive, give age years 7. Birth date of deceased (mo., day, yr | Larch 23, 1896 If less than one day Days 8. AGE: Years Months 10 43 9 Birthplace Brooklyn, maxis Maryland (Town, county, and state) Galvanize helper 10. Usual Occupation 11. Industry or business 12. Name was liler 12. Name 12. 13. Birthplace unicion Maggie Sline 14 Maiden Name Maryland 15. Birthplace Hecords- . S. Mar ne Hospital 16 a Informant Baltimore, I'd. (b) Address (b) Date thereof Dec 5 /139 (c) Cemetery or crematory Codar Hill 18 a Funeral director William In Mareck

2. USUAL RESIDENCE	OF DECEASED t	
(a) State		
(c) City or town	altimore, ld.	and give town)
UK SINE No	117 Sixth St.	
in process two.	elf rural give location)	
(e) If foreign born,	how long in U. S. A.?	year

MEDICAL CERTIFICATION

MEDICAL CERTIFICATION	AM
20. DATE OF DEATH Deg. 3, 19 39.	nt12:40 M
21. I certify that death occurred on the date above states ed deceased from Uly 10, 1950, to 2000 and that I last saw h im alive on 2000 3, 19	3, 1939, 39.
Aplastic anomia	Duration Unknown
Due to	
Due to	
Other Conditions (Include pregnancy within 3 menths of death) Major findings:	PHYSICIAN the derive the same to while
Of autopsy Same as above	leath should be targed tath
22. If death was due to external causes, fill in the formation (a) Accident, suicide, or homicide  (b) Date of occurrence	ollowing:
(c) Where did injury occur? (City or tewn) (Cou (d) Did injury occur about home, on farm, industrial place?  While at wo	place, in publ
(e) Means of injury  23. Signature  (a) Means of injury  (b) F. Denney	M. D.
Address la Parine Dosnitalone si	gned 12/4/

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

63552

Registered No.

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 911 Light St  (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland) County  (c) City or town Baltimore  (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? Mukhum years
3 (a) FULL NAME Mary Emrick	X
3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 3, 1939, at 7.03 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Widow  6 (b) Name of husband or WM Jacob Emrick 6 (c) If alive, give age years	21. I certify that death occurred on the date above stated; that lattended deceased from 11.27 1939, to Lea. 3. 1939, and that I last saw her alive on 200.3.1939.
7. Birth date of deceased (mo., day, yr.) Apr. 4, 1853 8. AGE: Years Months Days If less than one day 86 7 29 hr. min.	phermonia of both lungs Hays
9. Birthplace Germany (Town, county, and state) 10. Usual Occupation	Due to
II. Industry or business	Other Conditions Classic myocarditis PHYSICIAN
12. Name Not Known 13. Birthplace Not Known	Major findings:
14 Maiden Name Katherine Weller 15 Birthplace Germany	Of operations  Of autopsy  Of autopsy  Of autopsy
16 a Informant Mrs. Lillian Born (b) Address 911 Light St.,  17 a Burial (b) Date thereof Dec. 6,193 (Burial, crematics, or removal) (month) (day) (year)	(City or town) (County) iState
Cometery or crematory Baltimore Location E. North Ave.,  18 a Funeral director Stoward Strong  Address 715 Light St.,  1939 that the first Milians, M.R.	(d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address 910 S. Lightst. Date signed 12.5.39

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: Suchand
(c) Hospital or institution: Baltimore City 24 org	G LETTECT 140.
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in Balt more (yrs., mos., or days)	(e) If foreign born, how lung in U. S. A.?
3 10 FULL NAME JOHIY MAK	
3 (b) II veteran, name war 3 (c) Social Security No.	Account MEDICAL CERTIFICATION  20. DATE OF DEATH Accounter 3 1939, at 2 a. M.
4. Sex 5. Color or race 6 a Single, married, wid divorced. ?	
6 (b) Name of husband or wife 6 (c) If alive, give age	years to We death on the day stated shove.
7. Birth date of deceased mo., day, yr.	1975
8 AGE: Years Months Days If less than one hr.	min Immediate cause of death
9. Birthplace (Town, county and state) 10. Usual Occupation	Due to
11. Industry or business	Due to
# 12 Name ?	Other Conditions
Z 13. Birthplace Z	(Include prexnancy within 8 menths of death)  Major findings:  (Include prexnancy within 8 menths of death)  Underline the
14 Maiden Name	Of operations can e to which death should be charged statis
16 (a) Informant	Of autopsy tically
(b) Address	22. If death was due to external causes, fill in the following:  5. 10.30 (a) Accident, suicide, or hometide accident.
Burial b Date thereof Dec.	lay (year) (b) Date of occurrence
Cemetery or craxtory Mt.Olivet	(City or town) (County) (State)  d Did injury occur about home, on farm, industrial place, in public  While at work?
Location Frederick Ave., Dall	(Specify type of place)
(b) Address 4715 Light St.,	23. Signature IT LW AMedical Examiner. —M.D.
19 (a)	Date signed Date 2. 1638

F 63554

# BALTIMORE CITY HEALTH DEPARTMENT

F 63554

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Mol. (b) County	-
(b) Street address 210 3 anopolis ex.	hall.	
(c) Hospital or institution:	(c) City or town O allumb	L and give town)
	erstreet No. 210 B anseprolis	al.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(if rural give location)	
	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	The state of the s	
3 (a) FULL MAME		
3 (6) Social Security Account	MEDICAL CERTIFICATION	
No	20. DATE OF DEATH Rec. 3 193	7. 1.37 EM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	ed; that lattend-
mule while divorced.	ed deceased from 1954, to the	0 1987.
6 16 Name of husband or wife Series Lucker	and that I last saw heralive on thee 21	,8 %.
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Oct 1471868	Trunce come	a day o
8. AGE: Years Months Days If less than one day		
7.1 / 18 br. min.	Due to Chrand Parandulas'	& yearso
The self-	h . 10 1 c	0 . 01
9. Birthplace (a Town, founty, and state)	Due to Circuio Nepleulis	2 equas
10. Voual Occupation Toberer:	l	-
11. Industry or business	Other Conditions	
Jahre Tuoles.	(Include prognancy within 3 months of death)	PHYSICIAN
12. Name town	Major findings:	Underline the
13. Birthplace	Of operations	cause to which
14. Maiden Name Amunda & Drew		death should be charged statis-
15. Birthplace _ culture	Of autopey	tically.
16 (a) Informant Jury, wendling	22. If death was due to external causes, fill in the fo	ollowing:
	(a) Accident, suicide, or homicide	
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Date of occurrence	
17 (a (Burlai, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	inty) (State)
(c) Cemetery or crematory HMT Olivet	(d) Did injury occur about home, on farm, industrial	
Location Frederick are Baltimone	While at wo	
	(Specify type of place)	
18 (a) Funeral director	(e) Means of injusty Golden	0000000 00 0
(b) Address 301C domains was	23. Signature	M. D.
10 (a) We was the bloom of Aldringers Mills	Allow 1208 bolkers lung the Date oil	gned Lan 4/1

age is especially important. Physicians: please write the causes of death clearly and legibly.

Veryland (b) Count

#### 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address omen Fark Drive and 31st St. (c) Hospital or institution: U. S. Marine Morrital, Baltimore, Md. (d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da. (e) Length of stay in Baltimore (yrs., mos., or days) Lifetime 3 (a) FULL NAME Thomas Snowden 3 (c) Social Security Account 3 (b) If veteran, name war No. 6 (a) Single, married, widowed, or 5. Color or race 4. Sex divorced. Widowed Colored Male Late (Unlmown) 6 h Name of husband or wife 6 c If alive, give age years 7. Birth date of deceased mo., day, yr. | Sept. 24, 1892 If less than one day Days Months. 8. AGE: Years hr. 9. Birthplace Annapolis, Maryland (Town, county, and state) La orer- FA 10. Usual Occupation ALL 11. Industry or business 12. Name Thomas Snowden 13 Birthplace Unknown Flira Thomas, 14. Maiden Name South River, Md. 15. Birthplace Records-U. S. Marine Hospital 16 a Informant altimore, Mc. b Address (b) Date thereof 1 2 - 6-39 (c) Cemetery or crematory W. 18 a Funeral director

(a) State Lary Land (b) County	
c) City or town Baltimore, Md. (If outside city or town limits, write RURA	L and give town)
d  Swell No. 1212 McCulloh St., Balt	imore, Md.
ilf rural give location)	
e) If foreign born, how long in U. S. A.?	years
	and Angus appropriate descriptions of the second se
Drydon	
MEDICAL CERTIFICATION	F 70.
20. DATE OF DEATH Dec. 3, 1939	
21. I certify that death occurred on the date above stat	ed; that lattend-
ed deceased from Nov. 17, 1939, to Dec.	
and that I last saw n	9
Immediate cause of death	Duration Inlenovan
.Uromie, chronic	JAMESON WAS
Due to Cardiac disease, cardio-	inknown
renal vascular	
Due to	
	-
Other Conditions	olles and
(Include pregnan y within 3 months of death)	PHYSICIAN
Major findings:	Underline the
Of operations	death should be
Name .	charged static-
Of autopsy None	
22. If death was due to external causes, fill in the	ionowing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(c) Where did injury occur? (City or town) (Co	unty) (State)
(d) Did injury occur about home, on farm, industria	I place, in public
place?	ork?
23. Signature 1. P. 14. an dun	w.
Waning Wornita Date	igned 12/4/3
Address we be marked nobblicabyte.	

Baltimore, Md.

VS 3

VSC

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECRASED:
(b) Street address Sommuned dead at	(a) State Ind (b) County Balling
Heapital or institution:	c) City of town 5306 Cardelia Cue & (If out ide city or town limit, write RURAL and give town)
Union humarral Hospital	1 Street No. 5 306 Candelia ave
d Length of stay in hospital or igst. yr , mos , or days	(If rural give location)
e Length of stay in Baltimore ves, mos, or days	(e) If foreign born, how long in U. S. A.? years
3 (4) FULL NAME DAVID WEG	ER
3 (b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH Lee Ft, 1959. at 12 .M
Sex Scolor ograce 6 a Single married, widowed, or divorced Married  6 b Name of husband or wife Clasa Fitting  6 c If alive, give age years	21. IHEREBY CERTIFY, That Itook charge of the remains described above, held an thereon and from the evidence
7. Birth date of deceased (mo., day, yr.)	
8 AGE: Years Months Days If less than one day	Immediate cause of death  Emboli, frahmonary  Duration
9. Birthplace  10. Usual Occupation  11. Industry or business  12. Name  Meyer	Due to I bromboses, dup veins  Due to Fractures, multiple  right libra  Other Conditions acute congesting
# 13 Birthplace	the lude programmer within 3 months of death)  PHYSICIAN
14. Maiden N. Donnie Wolfdert  15. Birthplace	Major findings:  Of operations  Underline the case to which d ath should be
10 > 441	Of autopsy as above theally.
16 (a) Informant Preside 1	22. If death was due to external causes, fill in the following
Date thereof (month) (specific year)	b Date of occurrence hovember 27th/939 &  (c) Where did injury occur? Cardelia + Progrand are
Location of cremony of the Carmel Rd	d Did injury occur about home, on farin, industrial place, in public place) public place While at work?
18 (a) Funeral during 598 Balloch	(Specify to plat plan by automobile Means of injury struck by automobile M.D.
10 DECE Thutienton Williams MAR	Date signed Dec. 1535 Medical Examiner
3-1939	OUEX)

Physicians: please write the causes of death clearly and legibly.

V8 3

# CERTIFICATE OF DEATH

F 63557

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 704 N. Fulton Ave.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days) Life.	2. USUAL RESIDENCE OF DECEASED:  (a) State Md	
3 (a) FULL NAME Susanna Schade.	X	
3 (b) If veteran, name war 3 (c) Social Security Account No.	medical certification  20. Date of Death 12-4-39 19 at 5 A M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Single  6 (b) Name of husband or wife 6 (c) If alive, give age years	21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 28 19.39, to Nov. 4 19.39, and that I last saw here alive on Dec. 3 19.39.  Immediate cause at death  Duration	
7. Birth date of deceased (mo., day, yr.) April 1.1850  8. AGE: Years Months Days If less than one day  89 8 3 hr. min.  9. Birthplace Baltimore Gaty. Md.  10. Usual Occupation  11. Industry or business  12. Name Philip Schade,  13. Birthplace Germany  14. Maiden Name Elizabeth Herman,  15. Birthplace Switzerland	Due to  Other Conditions Atron: Alerosis  Other Conditions Atron: Alerosis  Major findings: Of operations  Of autopsy  Of autopsy  Other Conditions Atron: Alerosis  Inderina the cause to which feath should be charged statistically.	
16 (a) Informant Mrs Grace Anna Poetzold,  (b) Address . 1817 W.Baltimore St  17 (a) Burial (b) Date thereof 12-6-39  (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Mt Olivet  Location Baltimore City  18 (a) Funeral director San Mariatra 1939 Howeting ter Millians  (b) Address 2700 Edmondson Ave.	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  (M, D. 39.  (A) Iddress 735 M. Julion Cooker signed 34. 39.	

6	9	5		0	
13	. 1	•	47		-

43770-FS

#### BALTIMORE CITY HEALTH DEPARTMEN

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE

(a) State

1/2 1/95 Em	63559 ered No.
OF DECEASED:	
d • h) County	

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)?mo.216 (e) Length of stay in Baltimore (yrs., mos., or days)

(c) City or town	Dalto . outside city or town limits, write RURAL and give t	104
	1340 Whatcoet St.	
y suly ful.	(If roral give location)	
(e) If foreign bor	n, how long in U. S. A.?	ye

(a) FULL NAME Soph	ia Townsend
3 (b) If veteran, name war	3 (c) Social Security Account No.
4. Sex 5. Color or race Female Colored	6 (a) Single, married, widowed, or divorced. Widowed
6 b) Name of husband or wife	6 c) If alive, give age
7. Birth date of deceased mo.	, day, yr.) ??
8. AGE: Years Months	Days If less than one day hr. min
9. Birthplace Nd, 91.6. 10. Usual Occupation On 11. Industry or business	(Town, count), and state) Hellef
12. Name Jim Jor 13. Birthplace	Md.
E 14, Maiden / Valle	oline Bacon Md.
TEL 15 Highbolace	
	(b) Date thereof 1 2 / 5 / 3  noval)  The Court (month) iday (ye

MEDICAL CERTIFICATION  20. DATE OF DEATH   Lecender 3 19 39	. at 8 20 AM
21. I certify that death occurred on the date above stated deceased from April 12 19 39, to he and that I last saw here alive on here. 3 1 landing course of death hypertrume can his we when disease.	Contract of
Due to	
Other Conditions Sythulis	PHYSICIAN
(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the

not done Of autopey ... 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence. (c) Where did injury occur? (City or town)

(d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No. 8 2 2 W. Oster	of atrest and number )
Length of readence in city on town where death occurred -rs. 6	mos ds. How long in U. S. If of foreign birth? yr mos d.
2. FULL NAME I da Mae Edwa	
(a) Residence: No. 8 2 4 · W. Osten	St., Ward.
(Usual place of abode)	ilf non-resident give city or to n and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 Color or Race 5. Single, Married, Widowed, or Diverged (write the word)	21. DATE OF DEATH (month, day, year) / 2.4.39 . 10
Enale Colored See	12. 4 39 to 12. 4 39
HUSBAND of (or) WIFE of	I last saw her alive on 12.4.39.19 Death is said
6 DATE OF BIRTH (month day year) May 31, 1939	to have occurred on the date stated above, at 9:30 Arn.
5 6. DATE OF BIRTH (month, day, year)  T. AGE Years Mary's Days If LESS than I day, hrs.	The principal cause of death and related causes of importance were as follows:
or min.	Brancho preumaina 11.263
kind of work done, as spinner, sawyer, bookkeeper, etc.	Y
2 1 dustry or butters in which work was do e, a silk mill.	
- saw mill, bank, etc. 4 7 11. Date deceased last worked at 11. Total time (years)	
this occupation me thand spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Bacts. (State or country)	
E 13. NAME Basil Edwards	
	Name of operation Date of
B. BERTHPLACE (city or town) ame arundel Co.	What test confirmed diagnows . Eyowa there an autopsy "
E (State or country)	23. If death was due to externit causes (violence) fill in also the fol-
5 MAIDEN NAME Hattle Limith	lowing: Accident, suicide, or homicide?  Date of injury  19
State or country)	Where did Injury occur? (Specify city or town, county, and State)
E INFORMANT Bosil Egwards 7	Specify whether injury occurred in industry, in home, or in public
(Address) & 24. W. Estend pt	place
18. BURIAL, CREMATION, OR REMOVAL 10	Manner of Injury
E my Gulbun Dat Lec 34 193	Nature of injury
(0/1/ Dags.	24. Was disease or injury in any way related to occupation of deceased?
19. INDERTAKER OU WOOD	If f, specify
o DECE FOR CONTROLL	(Signed) and M. farM. D.
of the same of the	(Address & 00 /V Carrollonal
	the weeks mis
	Company of the Compan

#### F 63561

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

50678 SEF 63561

Registered No.

(a) Baltimore City, Maryland (b) Street address 4940 Eastern Avenue		astern Avenue	(a) State Maryland (b) County	
(c) Hospital or institution: Baltimore City Hospitals		Hospitals	(c) City or town Baltimore (If outside city or town limits, write RURA 1631 N. Gilmor Street	
(d) Length of stay in hospital or inst. (yrs., mos., or days) a day (e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.			(c) If foreign born, how long in U. S. A.?	
3 (a) FULL NA	ME	a Broadley (Sylvian Br	radley)	
3 (b) If veteran, name war 3 (c) Social Security Account No.			MEDICAL CERTIFICATION  20. DATE OF DEATH Mecculus 2 19 30	7, at // 30 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married			21. I certify that death occurred on the date above stated deceased from Lec 2 19.39, to	ted; that lattend-
	f husband or wife	6 (c) If alive, give age years	and that I last saw h & slive on Use, 2	Duration
7. Birth date of 8. AGE: Yes 37	ars Months I	day, yr.) Sept. 23, 1902 Days If less than one day hr. min.	Rhennatie Heart Ilinean  Due 10	withmen.
	House		Due to	
11. Industry o			Other Conditions	
12. Name Joseph Brown 13. Birthplace North Carolina			(Include pregnancy within 8 months of death)  Major findings:  Of operations	PHYSICIAN Underline the
14. Maides	n Name An	nie Daniel North Carolina		death should be charged statis-
15. Birthpl	Records	NOI on Oalolina	Of autopsy we dene.  22. If death was due to external causes, fill in the f	allowing:
16 (a) Inform	nant	re City Hospitals	(a) Accident, suicide, or homicide	
17 (a) (Buria), (c) Cemet	cremation, or remove tery or crematory ion	(b) Date thereof (1-6.7) 9, al) (month) (day) (year)	(d) Did injury occur about home, on farm, industria place?	rk?
19 (a) (Date re	e'd by registrar)	tingto ( William Rosidios	Address Fallo aff Nong. Date si	gned /L-5-39

63562 HEALTH DEPARTMENT	T-CITY OF BALTIMORE 63562	
CERTIFICATE OF DEATH		
1 PLACE OF DEATH	Registered No	
CITY OF BALTIMORE: (No. 910 5 Ellewood		
	at street and vanious.	
Length of residence in city or town where death occurredyrs	mosda. How long in U. S. If of foreign birth?yrsmosda.	
2. FULL NAME Daniel 9. Ma	love If U. S. Veteran specify WAR	
4. I Class MARIES	Mad . Co. W. 1	
(a) Residence: No. (Usual place of aboxie)	Ward. (If non-resident give elty or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. Color or Race 5. Single, Married, Widowed.	21. DATE OF DEATH (month, day, year)	
me d. or Divorced (write the word)	22. I HEREHY CERTIFY, That I attended deceased from	
5a. If married, widowed, or divorced	Dec 4 1937 to Dec 1937	
RUSBAND of Supared (or) WIFE of	I last saw home slive on A cc 4 19-1. Double is said	
6. DATE OF BIRTH (month, day, year) 12-4-39	to have occurred on the date stated above, it al	
7. AGE Years Months Days If LESS than 1 day, shre.	The principal cause of death and related causes of importance were as follows:	
ormin.	- Gren Auxety.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeepe, etc.	7 mm Prefrancy	
work was done, as silk mill, saw mill, bank, etc.  I have decreased last worked at   11. Total time (years)	Other contributory causes of importance:	
11. Data deceased last worked at this occupation (month and spent in this occupation)		
year)	Was an operation performed? 2000 Date of	
12. BIRTHPLACE (city or town) But .  (State or country)		
E 13. NAME Daniel J. healone	For what disease or injury?	
E LA DIOTUDIACE (cliv or town) Language PR	What test confirmed diagnosis	
State or country)	23. If death was due to external causes (violence) fill in also the fol-	
15. MAIDEN NAME main & Butholm	Accident, suicide, or homicide? The Date of injury 19	
16. BIRTHPLACE (city or town) Salta (State or country) and.	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public	
2. i I malore		
17. INFORMANT Address & Ellipse der	place	
(Address) 18. HURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place SAURED HEARTS Date DEC 5 13	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER Lilly a Zuler IN	The If so, specify w	
(Address) 403 Sandard,	(Signed) M. D.	
20. FILLE C 5 - 1939 + to Milli Rection A	(Address) & Yal bast we.	

HEALTH DEPARTMENT—CITY OF BALTIMORE 63562

	VO
1. PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Ad. (b) County Bulyman
b) Street address 405 8. Clarker W	
C Hospital or institution:	(c) City or Jun Belfense
	4) Symbo. 405 8. Cala W
d Length of stay in hospital or inst. (yrs., mos., or days)	If rural give location)
c) Length of stay in Baltimore (yra, mos., or days) 75 ^	(c) If foreign born, how long in U. S. A.) /> yea
3 (1) FULL NAME John Roth	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No	20. DATE OF DEATH 12/3 139 . at 4 1
4. Sex   5. Color or race   6 (a) Single, married, wildowed, or	21. I certify that death occurred on the date above stated, that lattend
note white divorced wedness	ed deceased from 1939, to 1939
	and that I last saw han alive on 3 1935.
1 value of hosband of wife	
6 (c) If alive, give age years	Immediate cause of death
7. Birth date of decenned (mo, day, yr.) Count 21, 1864	Hypertune actions Schoos
B. AGE: Years Months Days If Tess than one day	Care O carralatano
75 3 12 hr. min.	Due to Carolal oforthery.
9. Birthplace Baltonia, nd	1
(Town, county, and state)	Due to
10. Usual Occupation	8.0.0
11. Industry or business	Other Conditions
12. Name Onen Roth	(Include pregnancy within 3 months of death)
13. Birthplace Gerry 2.	Major findings:
by buttiplace	Of operations and to white
14. Maiden Name	
15. Birthplace	Of antopsy tically.
16 (a) Informant Mes Many A. Schussler- duft	22. If death was due to external causes, fill in the following:
(b) Address 405 345 8V	(a) Accident, suicide, or homicide
A 1 1 10 10 10 10 10 10 10 10 10 10 10 10	(b) Date of occurrence
17 (a) Buriel (b) Date thereof /2-6-39 (b) Date thereof /2-6-39 (b) Date thereof /2-6-39	(c) Where did injury occur?
(c) Cemetery or crematory Mount burnel	(d) Did injury occur about home, on farm, industrial place, in publi
Cod manual It	1000
	(Specify type of place) While at work?
18 (a) Funeral director Lilly Liley / NC	e) Means of injury
(b) Address 403 S. Wolf C.	23. Signature Jales # Journa
19 lay to some by the for Hallacus, Mir.	Address 3400 L. Balto W Date signed 12 3 3
Donatas Daniel Control of the Contro	Address VI

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 RF. 63564

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Bultim re City, Maryland	(a) State had (b) County Baltimory	
(b) Street address 1929. & Farmont are (c) Hospital or institution:	(c) City or town Beltinore (If outside city or town limits, write RURAL and give town)	
	Sirect No. 1929 & Farmount ave	
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days to the	(e) If foreign born, how long in U. S. A.?	years
3 a FULL NAME DOROTHY SCHMI	DT.	
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	50
no No. noul	20. DATE OF DEATH Dec 3rd 1939	. at 9 mM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. 1HEREBY CERTIFY, That Itook charge of the res	
F W divorced magned	above, held an (Autor Fr In 19 Fr).	ni the evidence
6 (b) Name of husband or wife laharles Schmidt	obtained by said anguing had that said	decensed came
6 cl lf alive, give age years	to he death on the day stated above.	
7. Birth date of deceased (mo., day, yr Oct 2-1900		
8 AGE: Years Months Days If less than one day	Immediate cause of death	Duration
39 39 2 / hr. min.	Coronery orduna	
9. Burkplace Baltomore und	Due to	
(Town, county, and state)	L'uc to	
10. Veual Occupation Housewife	Due to	
11. Industry or business		-
# 12 Name Exadore Barton	Other Conditions	
2 13. Berthplace Ballimore Mid	(Include programs) within a months of death;	PHYSICIAN
14. Maiden Name M wrgaret Parlar	Major findings:	tader ine the
	Of operations	en to which
15. Birthplace Ballingre Md.		death should be
16 (a) Informant lebertly Schmidt (Hos	Of autopsy	tically
Address 1929 B. Farmount have	22. Il death was due to external causes, bill in the fo	ollowing
17 Burial b Date thereof 12 - 6-39	a) Accident, suitide, or honocide	
furial crimation or removal (month) (day) (year)	(b) Date of occurrency	
c) Cemetery or gematory Hory Concerns	(c) Where did injury occur) (Cits or town) (Con	
Lecation Belair Goad	(d) Did injury occur about home, on larm, industrial	
18 a Funeral director Lilly + Leveley INC	place? While at wo	
463 1111/2/24	(e) Means of injury	
b) Address 7	23. Signature Medical Examina	M.D.
19 (a) Provintence	Date signed Lice 3 281/53	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Maryland (b) County. PALTIMORE	
(b) Street address Baltimore Maryland	(a) State (b) County	
(c) Hospital or institution:	(c) City or town Baltimore	
Baltimore City Hospitals	(If outside city or town limits, write KUKAL and give to	
	Syello. 113Durham St.	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days) life	(e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Anna Smith		
3 (b) If veteran, name war 3 (c) Social Security Account No. NONE	medical certification  20. Date of Death / 2 4 1937 at 1050	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that lattered deceased from 11.30 1937, to 12-419	
remark	and that I last saw IRA alive on 12-4 137.	
6 (b) Name of husband or wife Semuel		
6 (c) If alive, give age years	Immediate cause of death Duration	
7. Birth date of deceased (mo., day, yr.) Feb. 22, 1900	firstoritie of westermine	
8. AGE: Years Months Days If less than one day	The state of the s	
39 9 12 hr. min.	Due to	
9. Birthplace Md.	D	
(Town, county, and state)	Due to	
10. Usual Occupation Housework	Other Conditions	
11. Industry or business	DUVELCI	
12. Name John Venker	(Include pregnancy within 3 months of death)	
13. Birthplace Md.	Major findings:  Of operations  Monday  Linderline cause to w	
14. Maiden Name Ida Leonard	death should	
	Of autopsy tienlly.	
15. Birthplace Md.	22. If death was due to external causes, fill in the following:	
16 (a) Informant Records	(a) Accident, suicide, or homicide	
(b) Address Beltimore City Hospitals (/-	(a) Accident suicide, of nomicide  (b) Date of occurrence	
17 (a) BURIAL (b) Date thereof DEC . 6/39	(c) Where did injury occur?	
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State	
(e) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in pu	
Location ODONSLIL ST.	place? While at work? (Specify type of place)	
18 (a) Funeral director dille Que No	(a) Means of Intill IV	
18 (a) Funeral director delle ST.	(e) Means of injury	
(b) Address 403 S. WOLLE ST.	23. Signature L. C. Coleman of M. D.	

16. UNDERTAKER (Address)

20. FILED.

CERTIFICAT	T-CITY OF BALTIMOREF 63566 TE OF DEATH Registered No.
1. PLACE OF DEATH	ST. St. (1f death occurred in a hospital or institution, give its NAME instead
CITY OF BALTIMORE: (No.	St., Ward) give its NAME instead of street and number.)
Longth of residence in city or town where death occurred The	At U. S. Veteran
Z. I (1/1 AMF)	specify WAR
(a) Residence: No. 130 N. BRADFORD ST. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) DEC.4, 1939  22. I HEREBY CERTIFY. That I attend I deceased from 1 - 30 - 31, 19, to 12 - 3 - 39, 19
5a. If marred, widewed, or divorced HUSBAND of (or) WIFE of	I last new h.4.2. alive on //- 5 . 19.3 2 Death is said to have occurred on the date stated above, at 6/30 mam.
6. DATE OF BIRTH (month, day, year) SEPT 19 1855	The principal cause of death and related causes of
7. AGE Years Months Days If LESS than 1 day,hrs. or min.	Importance were as tollows: Thrempasia 11-25
8. Trade, profession, or particular kind of work done, as spinner. HOUSE WORK sawyer, bookkeeper, etc.	A Principal Resident Control of the
work was done, as all mill.  saw mill, bank, etc.  10. Date decemed inst worked at this occupation (month and apent in this	Other contributory courses of importances
BALTO MD.	Wee an operation performed? Date of
(State or country)  HENRY DEPLER	For what disease or Injury?
I B. NAME	Name of operation
State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME KAPHERINE ?	lowing: Accident, suicide, or homicide?
16. RIRTHPLACE (city or town) BALTO. ILD	Where did Injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
(State or country)  IT. INFORMANT ANNA SCHRUFER  (Address) 17 N DECKER AVE	Manner of Injury
16. BURIAL, CREMATION, OR REMOVAL	At Annual to large

Nature of injury

(Signed)

•

eler Int

Registrat.

24. Was disease or injury in any way related to occupation of deceased?

Conbling

#### BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

F 63567

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:		
(a) Baltimore City, Maryland	(u) State / LLA (b) County	
(b) Street address 4028 Cold Assuing Sant	City of then all course of the	and give to give
e Hospital or institution:	(c) City of then (If outside city or town impts, write RURAL	/ control (Control
	Street No. 7 2 2 8 Call Spring -	au
the second of the way was most or days.	(If rural rive location)	
d Length of stay in hospital or inst. yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	years
e Length of stay in Baltimore (yrs., mos., or days)		
3 (a) FULL NAME //		
Harry Japman	MEDICAL CERTIFICATION	bam
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTATION	0
No.	20. DATE OF DEATH N/ scendon 7 1939	, at N
4 Single married widowed, or	21 1HERERY CERLIFY. That I took charge of the rem	lains described
divorced to	above held an Marian thereon and from	n the evidence
m. Maraero	above, held an Authors or Inquity) thereon and from	
6 b) Name of husband or wife Case Lagran	that said // find that said	deceased came
6 h Name of husband or wife 6 c If alive, give are years	(Autopay or Inquiry)	
	to Me death on the day stated above.	
7. Birth date of deceased mo, day, yr	Immediate cause of death	Duration
8. AGE: Years Months Days If less than one day		
hr mic	Coronery rousin	
70 Day Me md.		
9. Birthplace Battinure Ind.	Due to	
1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
10. Usual Occupation Insurance	Due to	
11 Industry or business		
	Other Conditions	
12. Name muster reportant		PHYSICIAN
2 13 Birthplace (Lussia	(Include pregnancy within 3 months of death)	
	Major findings:	t'inderline t
14 Maiden Name Your	Of operations	d ath should
\$ 15. Birthplace \ Curona		charged stat
Ring Cippman 0	Of autopsy	tically
16 Informan	22. If death was due to external causes, fill in the fo	ollowing
1 Address 4028 Cold Ispringham	(a) Accident, suicide, or homicide	
h. w. a C   Dave the real 12-5-39	The state of the s	
17 a Date thereof (month) (day) (yes	(b) Date of occurrence	
Helique Friandshi	Where did injury occur? (Cou	inty' (State
Cemetery of crematory 110000	Did injury occur about home, on farm, industria	I place, in pub
Location E. Saltu. It	While at wo	rk?
CAN AMED Y GOOD	(Specify type of place)	
18 (a) Funeral director Funct Con Ato . At	Means of injury, William Windows	1- M
h Address 1439 6. Dalle JT	23. Signature Medical Examin	N.L. 101
E Som really registrar Hutington Heliaus	Date signed / 2/4/39	
Jone worth registrar Turtura or I !! Besiden	Date signed of the	
1000		

68568

	DEPARTMENT-CITY	OF	BALTIMORE	63568
HEALTH	DEPARTMENT CIT	•	10.00	

CERTIFICATE OF DEATH

1. PLACE OF DEATH	Registered No
Junas Har	Ward) a hospital or institution. give its NAME instead
35	mos. ds. How long in U. S. If of foreign birth?
TIMEN (PREENTEL	D 11 U. S. Veteran pecify WAH
2. FULL NAME	117 1
(a) Residence: No. 4301 Implico Cal	St.,
(Unusi pince of	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	12 DATE OF DEATH (month, day, year) 12 - 5 . 19 39
or Diversed (write the world)	21. DATE OF DEATH (month, day, just an intended deceased from
male white warmen	12-4, 19.35, ta 12-3 19.31
Sa. if married, widowed of divorced HI SHAND of SIR MICH SIR	I last saw h/M alive on 12 - 4 19.3.7. Death is said
(or) WIPE of	to have occurred on the date stated above, at 2.12.4.m.
6. DATE OF BIRTH (month, day, year)  Months   Days   If LESS than	The principal cause of death and related causes of importance were as follows:
7. AGE Years Months 1 day hrs.	artice dertic Heart Clipson
07Bitt.	artice Berone Port Land
8. Trada, profession, or particular kind of work done, as spinner. Savyer, bookkeepe, etc.	
S. Industry of James an aith mill.	a barrel d'impresser
work was done, as six min,	Other contributory causes of importance:
2 10. Date deceased last worked at apent in this this occupation (month and occupation .	
14.2010	Was an operation performed? CO Date of
12. BIRTHPLACE (city or town)	Vis an operation performed?  For what discuss or injury?
The Mason Leva	Name of operation
	Was there an autopay?
14. BIRTHPLACE (State or country)	1 22 If death was due to esternal
E 15. MAIDEN NAME YELLES HOURS	lowing: Accident, suicide, or homicide? late of injury 19
16. BIRTHPLACE (city or town). State or country)	Where did injury occur? (Specify city or fown, county, and State)
	Specify whether injury occurred in industry, in home, or in public
1: INFORMANT HERP CLEARER	place
(Altrea)	Manner of injury
15. BURGAL, CREMATION, OR REMOVAL	Nature of injury
Place Wildle Cem: Dite 14 0 2 p	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER OCT 5 wins inc. of	
11. (1139 E. Salta: St	(Signed). Address) Sinai Hogist
7 98 PM ED Registrat	(Address). Jamas / Hogust
The state of the s	
milia py interest in	

VS 3

# CERTIFICATE OF DEATH

- HISHAL PESIDENCE OF DECEASED:

Regional 183560

F 63569

	Z. OJCAL ALDIDA		
PLACE OF DEATH:	(h) County		
. n Cim Masyland	(a) State (b) County		
24/ Droadwing			
Street address / P 1	(c) City or town (If outside city or town limits, write RURAL and give town)		
Hospital or institution:			
	(If rural give location)		
	O (If tural give location)		
d) Length of stay in hospital or inst. (yrs., mos., or days)	yes		
D 1: (we mos or days)	(e) If foreign born, how long in U. S. A.?		
Length of stay in Baltimore (yrs., mos., or days)	*		
	and l.		
10 FULL NAME To areissa Virginia Tr	MEDICAL CERTIFICATION		
3 (c) Social Security Account	12/3 .31 .10 1		
(c) Social Section (name was	THE OF DEATH		
the state of the s	an the date above stated; that I atter		
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	1/2/ 19/ 10 /		
Female White divorced. Tyarred	ed deceased from		
T. + C. (Truce	and that I last saw her alive on 11/18 / 19 35.		
	1 / 1		
O (E) It and the	1 / A Martine		
11-188C	)		
7. Birth date of deceased (mo., day, yr.) \\ \tag{11-188}Users   Months   Days   (If less than one day)			
8. AGE: Tears Months	Due to		
59 5 22 hr. mp			
But are Translevel			
9. Birthplace Baltimore, Thankel (Town, county, and state)	Due to		
at I time U ?!			
10. Usual Occupation	Other Conditions   Parcel Deserge		
11. Industry or business	PHYSIC		
12. Name Edward Rankin Sutchins	Underlin		
12. Name. 6	Major findings:		
a carolina	Of operations .		
# 14 Maiden Name da Virginia Bosnor	charged		
# 14 Maiden Name da Unim	Of autopay		
15. Birthplace Baltunore, Mangland	22. If death was due to external causes, fill in the following:		
15. Birthplace O Chi. 3.	22. If death was due to external causes		
16 (a) Informant Wellie 3. Later Jacob	(a) Accident, suicide, or homicide		
16 (a) Informant (b) Address / 246 \$6. North Broadles	(b) Date of occurrence		
	I de la		
( ) Date ( ) (day) (ve	ar) (c) Where did injury occur? (City or town) (County) (St		
(Burial, cremation, or removal)	D' l'inimer occur about home, on farm, industrial puede		
(c) Cemetery or crematory of and the	White at work		
The state of the s	place? (Specify type of place)		
Location Day U. Tall ac			
18 (a) Funeral director	(e) Means of injury		
	23. Signature M.		
(b) Address The War War	Date signed		
DEC 5 - 109 Gule at to HH world	Address 124 6 2 -		
The United by restation There			

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Raltimore City, Maryland	(b) County.
b) Street address 3323 Decele avenue	(a) State (b) County
b) Street address of a C	(c) City octown (If outside city or town limits, write RURAL and give town)
() 1 (orphic) of Limitation	0 0 3322 Band C.
	1/3treet No. 3323 / Leech Cov.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME Elizabeth Co. Shock	& CERTIFICATION
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
/ No.	20. DATE OF DEATH & C. R. 1939, at 3 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
For ale white divorced married	ad descend from Nor 14 1939, to Dec 2 1939.
Short in the state	and that I last saw here alive on Dec 2 19 39.
6 h Name of husband or wife to If alive, give age years	Immediate cause of death . Duration
- 10-0	Carcinago / Cpr
7. Birth date of deceased mo, day, yr.	and Ten. In bed him
8. AGE: Years Months Days If less than one day	Due to
6/ 3 11/8 hr. min.	
9. Birthplace Carroll County, MA	Due to
(Town, county, and state)	
10. Usual Occupation	Other Condition Preast removed AVM
11. Industry or business Nouse Wife	Sel 1939 PHYSICIAN
12. Name , ohu P. Tueabaugh	(Include pregnincy within 8 months of death)
13 Birtiplace Carroll County	Major findings:
D. M. C. A. of	Or operations
14. Maiden Name Julia Tolk Name	charged statis-
15. Birthplace Wialtquiore County	Of autopsy .
16 a Informant Loseth L. T. Dhocks.	22. If death was due to external causes, fill in the following:
7 4 2 /	(a) Accident, suicide, or homicide
/ Address	(b) Date of occurrence
17 (a (Burial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State)
(Burial, circulation, or the burial of the b	(d) Did injury occur about home, on farm, industrial place, in public
Cemetery or crematory	While at work?
Location WA	(Specify type of place)
18 (a) Funeral director No War and The Company	(e) Means of injets Al Rooms
(b) Address 539 Frank Server	23. Signature M. D.
19 (c) (b) Thursting of I Registrar	Address 6/2 W 40 NT Date signed

	(a) Bultimore City, I
	(b) Street address
	5 yden
	d Length of stay in
	C Length of stay in
	- FIRE NAME
	3 b) If veteran, name
9	o ir veteran, nam
1	4. Sex 5. Co
	M
	6 h Name of husbi
	7. Birth date of dece
1	8. AGE: Years N
	9. Birthplace Ba
	10. Usual Occupation 11. Industry or busin
	-
	12. Name C
	14. Maiden Name 15. Birthplace
	16 a Informant
	h Address /
	17 a Burial cremetic
	(c) Cemetery or
	Location
	18 a Funeral direc
	Address A
3	C. D' 1377
	VS 3

CERTIFICAT	E OF DEATH I Registered No. F 63571
1. PLACE OF DEATH:  (a) Bultimore City, Maryland  (b) Street address  (c) Hospital or institution:  Sydenham Hospital  (d) Length of stay in hospital or inst. (yrs., mos., or days) 23 /2 444  (e) Length of stay in Baltimore (yrs., mos., or days) Life	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Baltimore (If outside city or town limits, write RURAL and give town)  Street So. 13/0 No. Dallas St. (If rural give limits)  (c) If foreign born, how long in U. S. A.?  years
3 (a) FULL NAME Townes, Robert	
3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DE CE MARK 1939, at 125 A.M.
divorced. Single.  6 b Name of husband or wife  6 c If alive, give age years  7. Birth date of deceased mo., day, vr. Aug. 10, 1939.  8. AGE: Years Months Days If less than one day  43   24 hr. min.  9. Birthplace Baltinore, Md.  (Town, Junt, and state)  10. Usual Occupation Infants  11. Industry or business	21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 1/1939, to DEC. 1939, and that I last saw him alive on DEC. 4/1939.  Immediate cause of death  Meningitis  Duration  24 days.  Due to Hemophilus  Influenzae Bacillus  Other Conditions
12. Name Charles lownes  13. Birthplace Crew, Virginia  14. Maiden Name Lacie  15. Birthplace Blackstone, Virginia	Of autopsy  (In lude pregrancy within 8 months of death)  Major findings:  Underline the entire to which death should be harded at atistically.
16 a Informant Mother  b Address 13/0 No Dallas St.  17 a b Date thereof 12/5/59  (b) Date thereof (month) (day) (year)  (c) Cemetery or crematory Dir Conlady Cub  Location  18 a Funeral director Performance Africal  b Address 12/978 Coldery  19 (m - 14/4)	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address & L.

#### BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

94 B Registered No. F 63572

		2222	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
(a) Baltimore City, Maryland	(a) State M.d. (b) County Bal	Wely	
(b) Street address 2808 1 1 town 14	-2 1-9 1	17	
(c) Hespital or institution:	(c) City or town (If out ide city or town limits, write RUR!	V. und give town)	
nom	Land DENEM Henry Col		
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If r ral give locat n)		
(e) Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U.S.A.?	years	
3 a FULL NAME Mary Lownsles	1 Clwens		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
now No. none	20. DATE OF DEATH December 4 1939	. at 4 A M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	ot 21. I certify that death occurred on the date above stated, that lattend		
Terrille Mile divorced. Willow	ed deceased from Dec. 3 1939, to Dec 3 1939		
6 h Name of husband or wife Ublin & Thurs	and that I last saw her alive on Que 3 1939.		
6 c If alive, give age years	Immediate cause of death	Duration	
7. Birth date of decensed mo., day, yr yan -25-1859	Coronary occlusion	17 hour	
8. AGE: Years Months Days / If less than one day			
80 10 9 hr. min.	Due to	-	
9. Birthplace Bullimore City 1	Due to		
10. Usual Occupation None			
11. Industry or business nonl	Other Conditions		
12. Name andrew & Lowndes	(Include pregnancy within 3 months of death)	PHYSICIAN	
13. Birthplace / Follo Jo. 7764	Major findings:	Underline the	
14 Maiden Name 7 Many Bucknell	Of operations	death should be	
\$ 15. Birthplace - Salle s. Mis.	Of autopsy	tically.	
16 a Informant 1111 mg. Colemson (day the)	22. If death was due to external causes, fill in the f	ollowing:	
6 Address adden veryend	(a) Accident, ouicide, or homicide		
17 a Gurial b. Date thereof Sel- 6.39.	(b) Date of occurrence		
Rurial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State)		
Cemetery or crematory Misjon 29 Cu Ma.	(d) Did injury occur about home, on farm, industrial	place, in public	
Location Da Co Mil	place? While at wo	rk?	
18 (a Funeral director Suwarl- Morom Co.	(e) Means of injury		
(b) Address 108 Wn rok Cur.	23. Signature / Henry J. Colleres	leng	
12 Com - 1039 Attaction to Milliance Milliance	23. Signature I terry J. Collered Address 2 W. Read St. Date my	gned 12/4/14	

VS 3

63573604

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered Names

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town  (lf outside city or town limits, write RURAL and give town)  (d) Street No. 1616 N. Bruce Street  (lf rural give location)  (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME William Powell	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 1 1939, at 8 45 A M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married - Sep.	21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 30 1939, to Lec. / 1939,
6 (b) Name of husband or wife Ida	and that I last saw h to alive on
7. Birth date of deceased (mo., day, yr.) ? 1904 8. AGE: Years   Months   Days   If less than one day   35   ?   hr.   min.	Tulian Premierra 9 days
9. Birthplace Ga. (Town, county, and state) 10. Usual Occupation Labor 11. Industry or business	Other Conditions
12. Name Robert Powell 13. Birthplace N. C.	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Underline the cause to which
14. Maiden Name Maggie Glover 15. Birthplace Va.	Of autopsy not dence death should be charged statistically.
16 (a) Informant Records (b) Address Reltimore Vity Hospitals  17 (a) (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Location (ED) Address Per H. A. Moore (b) Address Per H. A. Moore	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence
19 (a) DEC 5 1932 tingto Niliane M.	Address Salle Cuty 1000 Date signed 12-5-39

1. PLACE OF DEATH:

Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

(a) Baltimore	City, Maryland	d		
(b) Street add	ress Balt	t. 2 c 2	irrland	
(c) Hospital o				
Paltin	C. I	Tospit		va
(d) Length of	stay in hospital	or inst.	yrs., mos., or day	•) .
(e) Length of	stay in Baltimo	re (yrs., r	nos., or days)	.2
3 (a) FULL NA				
2 2 2 20		les Ro		
3 (b) If vetera	n, name war		(c) Social Securi	ity Account
4. Sex	5. Color or rac	1	Single, married, v	vidowed or
		divor		vidowed, or
10	White	1	79	
6 (b) Name of	husband or w			
7 D: 4 L	( )		If alive, give age	years
8. AGE: Yes	1 - 2 - 1		lf less than o	
o. AGE: 18	o o	Daye		
		77	hr.	min.
9. Birthplace			rounty, and state)	727
10. Usual Occ	upation ***			081
11. Industry of				
# 12. Name	Unknown			
12. Name 13. Birthpl	ace	Tink		
14. Maiden	Name D.L.			
15. Birthpl			Value	
16 (a) Inform	ant Rocal			
(b) Addre	sa Politic	ore C	ten Honoite	10
17 (a)		. (b) Da	te thereof	
123 12 18	remation, or rem		(month)	(day) (year)
	ery or cremator	EDICAL S	DEC	- 1939
Locatio	Car	nemicelos	nar af Health	
18 (a) Funera	director.			9
(b) Addra	= 1939	7-17 Ten	State 16	Liques A
19 OF LUIS	'd by registrar)	)	0	Registrar
183				

2. USUAL RESIDENCE OF DECEASED:	100 To 10
(a) State Maryland (b) County	
(c) City or town Balaimore (If outside city or town limits, write RURA	L and give town)
(d) Street Co. 6.04 W. Rod Wood St.	
(c) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	
20. DATE OF DEATH 140. 28 19 39	, at 8 35 AM
21. I certify that death occurred on the date above state	
ed deceased from NW. 27 19 39, to her	1 28 1939
and that I last saw h am alive on. WW. 28 19	39
Immediate cause of death	Deretion
Coursey thumbons	mknown.
Due to	-
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	PHYSICIAN
Major findings:	Underline the
Of operations	death should be
Of autopey mut dime.	charged statis- tically.
22. If death was due to external causes, fill in the fo	llowing:
(a) Accident, suicide, or homicide.	
(b) Date of occurrence	
(c) Where did injury occur? (City or town) (Cour	ity) (State)
(d) Did injury occur about home, on farm, industrial	
place?	
(e) Means of injury	
23. Signature & Melandel Ser	
Address Mallo the Hory Date sign	M. D. ned /2 - 4-39.

# CERTIFICATE OF DEATH

F 63575

A A A A A A A A A A A A A A A A A A A	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	(a) State (b) County	
(a) Baltimore City, Maryland	(a) State (b) County	1 . 1
b) Street address	(c) City or town / arouto	anala
c) Hospital or institution:	(If outside city or town limits, write RUL	AAL and give town
IDRES HOPKIES HOSPILS	Street No. 7 he Globe and	Mail
A	Street No I. It was a give location	9)
d) Length of stay in hospital or inst. (yrs., mos., or days) 1. A.M.		
d) Length of they in nospital	If foreign born, how long in U. S. A.?	yea
(e) Length of stay in Baltimore (yrs., mos., or days)	111	
3 (a) FULL NAME Marcus Ray Co	well (Cowell)	
Marcus Ray Co	MEDICAL CERTIFICATION	
3 (b) If veteran, name war	D10 2 10	39 11247
No. //	20. DATE OF DEATH. Dec 2 190	
4. Sex   5. Color Prace   6 (a) Single, married, widowed, or	21 I contify that death occurred on the date above at	rated; that latten
divorced. They	ad deceased from NIC 1979, to	17.
	and that I last saw him alive on Alc. V	19 29.
1 1 1 1 Luberd or wife 6 Milly		Duration
6 (c) If alive, give age year	Immediate cause of death	10 h
- 12, 72	- William	10.20
/. Birth date of decemes thirty and		7
8. AGE: 1 cars (Months)	n Due to Corney whereis	
67 8 11 br. mir		
MI AALIMA	Due to arterio curotic heart	
9. Birthplace	Due to Lo	
9. Birthplace Occupation Town, ounty, and state)		Mark Comments
To Osual Occupation	Other Conditions	-
11. Industry or business		PHYSICIA
11. Industry or business 12. Name Margen Cowell	(Include prognancy within 3 months of death)	Underline
	Major findings:	cause to wi
\$ 13. Birthplace	Of operations	death should
# 14. Maiden Name & mily Clark		charged sta
14. Maiden Name. Commendation	Of autophterio seleste heart a	u -   tieally.
15. Birthplace Wisconigun	22. If death was due to external causes, till in the	he following:
P i v An.	Le il destil was de la hameide	
16 (a) Informant TOWNS HOPKINS HOSPITAL	(a) Accident, suicide, or homicide	22
(b) Address 1 Ohe. 5	34 (b) Date of occurrence	130
17 (a) Cremation (b) Date thereof (dev) 100	(c) Where did injury occur? (City or town)	(County) (Stat
(Burial, cremation, or removal) (month) (day) 19	(d) Did injury occur about home, on farm, indus	trial place, in p
(c) Cemetery goomatory Jouann Jouann	While at	work?
Tallunte Mich	place? (Specify type of place)	
Location Value of the land of the	. ^	
18 (a) Funeral director	(e) Means of injury Wholey Burks	0
(b) Address 19 (b) auturo Stace	23. Signature	M. I
the state with	1020 ST. PULST. Del	te signed will
19 (a) War and the thing of fitting was plant	Address	
A TOTAL TOTAL TOTAL A TOTAL TO		

-	63576
H	00000

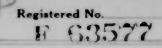
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

Registered No. F 63526

		2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland		313	
	etarn Ave.	(a) State M. b) County	
b) Street address 4940 Et	ARMER AND MARKET	(c) City or then Balto.	and give town)
C Hospital or institution:	1+67 8	73 7	
Balto. City Hosp		My Street No. 609 S. Paca St.	
d) Length of stay in hospital or in-	st. yra., mos., or days) 47 du.		1
e) Length of stay in Baltimore (yr	a mean or days) 15 yrs.	(e) If foreign born, how long in U. S. A.?	ygare
B (a) FULL NAME	Anna Moses	(49330)	
2 11 16	3 (c) Social Security Account	MEDICAL CERTIFICATION	
3 b If veteran, name war	No.	20. DATE OF DEATH December 4, 1939	. at 12: 10 M
6	(a) Single, married, widowed, or	21 Learnly that death occurred on the date above state	ed; that lattend-
Y. STEA	voiced.	ed deceased from October 181939 . to Dec	. 4, 19 39.
Tein Colored	Single	and that I last saw her alive on Dec. 4, 19	39 .
6 h Name of husband or wife			Duration
6	c) If alive, give age years	Immediate cause of death	Jolan
7. Birth date of decented ma, day	y. yr 0ct. 1924	Tuberculosis of the lung	1939
8 AGE: Years Months Day			1,
15	lır min.	Due to	
9 Birthplace 111.	own, county, and state)	Due top to the there	
10. Usual Occupation School	pet	Therapeater growthour	
11 Industry or business	U	Other Conditions	
-1		cinclude pregnancy within 3 months of death	PHYSICIAN
12. Name Henry		Major findings:	Underline the
13 Birthplace S. Com.		Of operations	ca to which
8	Tefferson		harged tat a
14 Maiden Name Amelia		Of autopsy	tically.
15. Birthplace S. CE	r.	22. If death was due to external causes, fill in the	ollowing:
16 (a) Informant Hospital	Records	(a) Accident, suicide, or homicide	
h Address		(b) Date of occurrence	
	b Date thereof	1:1: '	
17 a			unty) (State)
Cemetery or crematory	N. 004-1-439	(d) Did injury occur about home, on farm, industria	place, in publ
Y h ~ 1/5		place? (Specify type Place) While at wo	OTK C
Location Walt	B. Spurgs		
18 (a) Funeral director	o lo chi	(e) Means of injury	
(b) Address 10 2 W	and of the M	23. Signature	M. D.
10 DEC 5 - 1939 1	hunting or / million	Address Bulto. City Hospitals Date &	igned 12-4-3
to be rold by registrar)	7) Rogistrur		

19

### CERTIFICATE OF DEATH



1. FLACE OF DEATH:	2. USUAL-RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	a sure had a country
that I is a	(a) State Ma (b) County
(b) Street address 1 1 1 7	(c) City or town Josten
(c) Hospital or institution:	If out ide city en un limit, write RURAL and give town)
• • • • • • • • • • • • • • • • • • •	17/172 6 6 7 7.
	Street No. 131 27 1050
(d) Length of stay in liospital or inst. (yrs., mos., or days)	1 If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 10 }	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME	on
3 b) If veteran, name war 3 c) Social Security Account	MEDICAL CERTIFICATION O
No.	
	20. DATE OF DEATH Security 3 1939, at 9.30 M
6. Sex 5. Color or race 6-10 Single, married, widowed, or	21. I certify that death occurred on the date above stated, that lattend-
mare In the divorced will	ed deceased from Arv. 29 10 39. to Dec. 2 1939.
6 b Name of husband or wife rung with the down	and that I hat now is in alive on Dec . 2019 39.
6 c If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased mo., day, yr - un 3 - 1560	" boronary Thrombons. I hom
8 AGE: Years Months Days If less than one day	
79.10 2 br min.	Due to Frumby films
	Y and
Birthplace Tolume Mil	1 1 1 1 1 1 1
(Town, county, and date)	Due to when therein that
10. Usual Occupation wash	all the same of th
II Industry or business I marine	Other Conditions Ann.
B NO Trussa.	
= 12. Name - The	(Include pregnancy within 3 months of death)
13 Birthplace Balling Ind	Major findings:
	Of operations   raise to which
14 Maiden Name Mary Jacobs	death should be
D At	harged talis
~	Of autopsy tienlly.
16 a Informant 100 types	22. If death was due to external causes, fill in the following:
1) Address 173 Ir hart Ce	(a) Accident, suicide, or homicide
August 10 1 dec (454)	(b) Date of occurrence
17 (a b Date thereof) (month) (day) (year)	(e) Where did injury occur?
Marin Walled . D.	((ity or town) (County) (State)
(c) Cemetery of crematory and O Market	(d) Did injury occur about home, on farm, industrial place, in public
Location 12 godings had	place? While at work?
18 (a) Funeral director M. Jacker Mario	(Specify type of place)
To a funeral director	(c) Means of injury
& Address North	23. Signature Earl L. Chambera
19 All D- 1938 Huntington Milliams N.D	Address 4108 Sebert 46 Date signed 12, 7, 39
(linte rec'd by registrar) Reputation	Address 7/00 00000 Date signed 72-17-159

correct age is especially impera

A MANGE	
Lactimone-	
City or town	I and give to war
ma sullavina KA + 3	and greaters
(If burnly give location)	gera
	6
(e) If foreign born, how long in U.S. A.?	years
-/	
MEDICAL CERTIFICATION	
1000 11 01	30
20. DATE OF DEATH A LC 4 193	1. mill UM
21. I certify that death occurred on the date above atte	ed, that lattend.
ed deceased from March 1934, to all	ukl 41924.
and that I last saw humalive on 24.3	39'.
Immediate cause of death Carceronia of	Duration
Iver and tall Black	1 24
Dorte Juliania	100
Due to	Jo.
0,	
Due to	
Creator Delstotem Leaven	1140
Other Conditions wis and	1 675 YO
hietastosis !	-5
(Include pregrancy within 3 months of death)	PHYSICIAN
Major findings:  Of operations	neter traction
Croperations	feath haid be
04	charged status
Of autopay	tically.
22. If death was due to external causes, fill in the fo	llowing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(c) Where did injury occur? (City or town) (Coun	ity) (State)
(d) Did injury occur about home, on farm, industrial	
place) While at wor	L)

(Specify type of place)

23. Signature

VS 3

63580

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B Rosiptored No. 3580

this or .		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Maryland (b) County	
Street address Baltimore, Maryland	(c) City or town Baltimore (If outside city or town limits, write RURA	L and give town)
Baltimore City Hospitals	d) Street No. 854 S. Bond St. (If rural give location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
THE NAME	MEDICAL CERTIFICATION	
Tony Glavanich  Tony Glavanich  3 (c) Social Security Account  No.	December 4 1939	1. M. 730 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above sta	LECT: I I I de la constance
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death  Volvulus of the dutestine	Duration
7. Birth date of deceased (mo., day, yr.) Oct. 28, 1884  8. AGE: Years   Months   Days   If less than one day   55   1   6   hr. min.  9. Birthplace   (Town, county, and state)   10. Usual Occupation   Painter on Ship   11. Industry or business   12. Name   Nick Glavanich	Other Conditions Can unawa of Mus Mines do. (Include pregnancy within 3 months of death)	PHYSICIAL Underline
13. Birthplace Austria	Major findings: Of operations	cause to wh death should charged sta-
14. Maiden Name Matilda Polish 15. Birthplace Austria	Of autopsy as allows.  22. If death was due to external causes, fill in the	e following:
16 a Informant Records  b Address Baltimore wity Hospitals	(a) Aecident, suicide, or homicide (b) Date of occurrence	******
17 (a) (Burial, cremation, or removal)  (a) (Burial, cremation, or removal)  (c) Competery of crematory Leaves Described.	(d) Did injury occur about home, on farm, indust While at	County) (State trial place, in pu work?
Location Junear Hell Ma Bulloto 18 (a) Funeral director June 9 Fakery Hours.		in M. D
19 (d) Address // 3/6/ hight Williams & Registrar	23. Signature Address Salto Cety Hory Date	e signed 12-5-

581

# HEALTH DEPARTMENT-CITY OF BALTIMORE 3581

CERTIFICATE OF DEATH

	CERTIFICAT	/ 1	legistered No
1. PLACE OF DEATH THY OF BALTIMORE: (No. 910	r Rden St.	St O Ward)	a hospital or institution.
ITY OF BALTIMORE: (No. 910	shout 75	VOATS was tone in U.S. If of foreign	of street and number.)
and of residence in city or town where de	ath occurred yrs.i	if	U.S. Veteran ceify WAR
150,3017	Hebrank		
910 W. E	den St.	St,	give city or town and State)
		MEDICAL CERTIFICA	IE OF DESCRIE
PERSONAL AND STATISTICAL	1 Married WMOVCO	21. DATE OF DEATH (month, day, yes	1 December 4. 1939
or Dive	dowed	5/10/38 CERTIFY, The	December december from
a, If married widowed, or divorced		I last new her alive on Deen	chee 3 1839. Death in miles
WIFE of Michael Webr	ank	to have occurred on the date stated above	, ne 3 9 m.
DATE OF BIRTH (month, day, year)		Disperincipal cause of death and reinted of	Date of prose
. AGE Years Months D	1 dayhrs.	Teneralized art seles	mu.
about 76	ormin.	Carmery Themeboin	12/3/3
A. I ride profession, or particular kind of work done, as spinner, hawyer, bookkeeper, etc.	one	racesty hereet	
y, industry or business in which	£10	Other contributory causes of importance:	
naw mill, bank, etc.  16. Unto deceased last worked at this occupation (month and	Total time (years)		
Vent :	occupation	No.	Date of
12. BIRTHPLACE (city or town) Dall	imore -	Was an operation performed	
The same with the same	p	as a description	
14. BIRTHPLACE (city or town) GC:	rnany _	What test confirmed diagnosis?  23. If death was due to external esu	Was there an autopay?
a I State or Pounces		22. If death was que to inwing: Accident, suicide, or homicide?	Date of Injury, 19
15. MAIDEN NAME Magdalen	Feggert	and the later secret?	State)
15. MAIDEN NAME PROCESSON  16. BIRTHPLACE (city or town) Ge (State or country)	raily	Specify whether lightry occurred in	industry, in home, or in pub
	Naughton	place	<ul> <li>in a si unidate des sals que su notario tridop delegent su annova unidare d'université una sentida.</li> </ul>
Address 10 M. Eden	St.	Manner of injury	do enchange ann a representa e oras que estado esta caracteria.
18. BI RIAL, CREMATION, OR RESOURCE	Na. 12/6/39	Nature of Injury	to occupation of decease
Place Holy Redeemer Co	reals any of	24. Was discuss or labour in any way	
19. 1 NIHRTAKER 805 & Caluat	de	(Signed) Marldon	Cartley . x
DEO	4 Will mark	day ned a	its Blog Hatte. "
21. 4 Win 5 - som Hunstier	for Hilland		
1330	Visa 1	323	

BALTIMORE CITY HEALTH DEPARTMENT 95-B Registered 100

LB45-50452	CERTIFICATE	OF DEATH	- Company of the Comp
		2. USUAL RESIDENCE OF DECEASED: Maryland	
PLACE OF DEATH:		(a) State (b) County	
a) Baltimore City, Maryland	Awanua	- 3 Ad	
0) Stiest addition	lastern Avenua	(c) City or Beltimore  If outside city or town limits, write RURA	L and give lown)
c) Hospital or institution:		Street No. 1309 Holling St.	
Baltimore City I	or days) 9 QBYB		yeats
(e) Length of stay in Baltimore	(yrs., mos., or days) 18 - 20 y	TSO If foreign born, how long in U. S. A.?	
3 (a) FULL NAME		MEDICAL CERTIFICATION	
James Ad 3 (b) If veteran, name war	3 (c) Social Security Account	1939	-ar 7'Sex
	No. 6 (a) Single, married, widowed, or		ted; that lattend-
4. Sex 5. Color or race	divorced. widowed		
Male White		and that I last saw h am alive on the y	
6 h Name of husband or wi	fe Mary F. (d)	to the come of death	Duration
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O () It miret by	atrior church Heart Viscon	halanson.
7. Birth date of deceased (mo	., day, yr.) Aug. 9, 1859		
8. AGE: Years Months	Days If less than one day	Due to	
80 3	25 hr. min	Due to	
Md.		Due to	
9. Birthplace	(lown, county, and state)	Due temperature	
In Danal Occupation	Farmer	Other Conditions	
11. Industry or business 0	. A. P.		PHYSICIAN
12. Name John W.	Adams	(Include pregnancy within 3 months of death)	Underline t
H MA		Major findings: Of operations	cause to whi-
	Marke Dallan		charged stat
14 Maiden Name	Maria Dullan	Of autopsy but down	tically.
5 15. Birthplace	AC &	22 If death was due to external causes, till in the	e following:
La laterment Recor	rds	(a) Accident, suicide, or homicide	•••
10 (I) Information	timore City Hospitals	(a) According	.00 0
(b) Address Bal	b) Date thereof Doe 7-1	7.54	County) (State
17 (a) Survae		(c) Where did injury occur about home, on farm, indust	rial place, in put
	THE STATE OF THE S	(d) Did injury occur about home, on farm, while at	work?
c) Cemetery or cremat	14 Parts re	place? (Specify type of place)	
Location 0	Ph la la la		
18 (a) Funeral director	u carried and	Means of injury mwaskels Kein	
11.4	W. Vorce	23. Signature	e signed /2-5-3
(b) Address / 600	10 Hunting		e signed
19 (0) - 19	Registrar	1 / /	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

C Registered \$583

(c) City or town	(b) County HO	vio
(e) City or town C	ide city or town limits, write R	URAI and give tow
W Street No.		1
	elf rural give locat	ion)
(e) If foreign born, h	ow long in U. S. A.?	yea
ME	EDICAL CERTIFICATION	N .
20. DATE OF DEATH	12/5 19.	10
	occurred on the date above	
	1/20 1935 to 1	
	Malive on 125	14 37
Immediate comment design		Duration
miseare	del Sisuf	7
	11	
Due to		
Due to		
Other Conditions		over.
	cy within 3 months of death)	PHYSICIAN
Major findings:		Underline ti
Of operations		death should l
Of autopsy.	Alla	charged stati
	to external causes, fill in the	following:
(a) Accident, suicide,		e ronowing.
(b) Date of occurrence		
(c) Where did injury		
		County) (State)
place?	While at v	
(Specify	type of place;	VOIK?
(e) Means of injury	PORA	
23. Signature	2. 20 11	M. D.

especially important.

W

VS 3

VS 1

(b) County

USUAL RESIDENCE OF DECEASED:

	2. USUAL RESID
PLACE OF DEATH:	(a) State
a) Baltimore City, Maryland	(a) State
b) Street address 1724-4-15 rock Street	(c) City or tow
(c) Hospital or institution:	- 1 60
	Street No.
d) Length of stay in hospital or inst. (yrs., mos., or days)	
d Length of stay in nospital of list.	e If foreign be
(e) Length of stay in Baltimore (yrs., moa., or days)	
3 (a) FULL NAME nna "eskill	
3 (c) Social Security Ac	count
3 (b) If veteran, name war	20. DATE OF DE
4 Sex 5. Color or race 6 (a) Single, married, widow	ed, or 21. I certify tha
4. Sex Shite divorced. Widow	ed deceased fr
emere in the second	
6 (b) Name of husband or wife "ichsel delive, give age	
7. Birth date of deceased (mo., day, yr.) 2/22/160	Calin
Months Days	
6. AGE: Years Months 9 12 X X X X X X X X X X X X X X X X X X	min. Due to
9 Bighplace Baltimore 'd.	A II
(Town, county, and start)	Due to
10. Usual Occupation	
11. Industry or business	Other Condit
- La Penning	Include
12. Name Jermiah 'anning Ireland Ireland	Major finding
13. Birthplace Ireland	Of operatio
6.	
14. Maiden Name Inna Ireland	Of autopsy
15. Birthplace	22. If death
16 (a) Informant 'ichael J. 'esaill J	(a) Acciden
(b) Address 1724-Folbrook Street	(b) Date of
The shape of the state of the s	100
	, (302)
Burial, cremation, or removal)  (c) Cemetery or crematory  (d)	(d) Did inju
	place?
Location Grand Stuben	nc. (e) Means o
18 a Funeral director	-
(b) Address 17 at 10 riord Ave. t	23. Signatu
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address
(Date rec'd by registrar) www. Grant Res	

Beltimore City	
City or town Baltimore City  City or town limits, write RURAI	, and give town)
Street No. 1724-Holbrook Stre	et
(If rural give location)	
If foreign born, how long in U. S. A.?	yeare
MEDICAL CERTIFICATION	
12-4- 1939	, at 2 H . M.
. Date of Date above state	ed; that lattend-
I. I certify that death occurred on the date above 12 deceased from 7 - 11 - 19 25, to 12	- 4-1939.
d deceased from	939.
nd that I last saw he relive on 12-2-1	Dyration
nmediate cause of death	
1	7/11.0
Cardeo- vasculo- reval dia	accent
Que to	
arterios clerases	-
	-
Due 10	
Other Conditions	_
	PHYSICIAN
(Include pregnancy within 3 months of death)	
Major findings:	Underline the
Of operations	death should l
	charged stati
Of autopsy	tically.
22. If death was due to external causes, fill in the	following:
22. If death was due to externishe	
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(e) Where did injury occur? (City or town) (C	ounty) (State)
(d) Did injury occur about home, on farm, industr	ial place, in pub
	vork?
place? (Specify 15) e of place)	
1 1 1	f of
(e) Means of injury from 13. Ay	erp
23. Signature	
	12-4-

# CGK BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

49556

Registered No.

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address Baltimore, Maryland  (c) Hospital or institution:  Baltimore City Hospitals  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Baltimore (If outside city or town limits, write RURAL and give town)  (d) Street No. 7.13 E. 41st St.  (If rural give location)  (e) If foreign born, how long in U. S. A.) years
3 (a) FULL NAME  Josuha Underwood	
3 (b) If veteran, name war    3 (c) Social Security Account   No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  12 4 139 at 7 20 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced Married	21. I certify that death occurred on the date above stated; that lattended deceased from 10 - 25 19.57, to 12 4 1939.
6 (b) Name of husband or wife  Anna C. (young)  6 (c) If alive, give age 27 years	and that I last saw he are alive on 1 8 - 44 1957
7. Birth date of deceased (mo., day, yr.) 5-12-1859  8. AGE: Years Months Days If less than one day  80 6 22 hr min.  9. Birthplace (Town, county, and state)  10. Usual Occupation Pensioner  11. Industry or business Jalerman Turner  12. Name James Underwood	Due to  Other Conditions  (Include pregnancy within 3 months of death)  PHYSICIAN
13. Birthplace Md.  14. Maiden Name Elizabeth Austin  15. Birthplace Md.	Major findings:  Of operations  Of autopey  Of autopey  Underline the cause to which death should be charged statistically.
(c) Cometery or crematory  (b) Address  (c) Cometery or crematory  (d) Location  (e) Cometery or crematory  (f) Location  (g) Location  (h) Address  (h) Registrar	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address  M. D.  M. D.  Address  Address  Date signed/2-4-37

### F 63586

# CERTIFICATE OF DEATH

Registered No.

A) Baltimore City, Maryland b) Street address 25.1-3. Federal Street c) Hospital or institution: d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State d. (b) County  (c) City or town Baltimore, 'd.  (If outside city or town limits, write RURAL and give town)  (d) Street No. 2001-E. Peaeral Street  (If rural give location)  (e) If foreign born, how long in U. S. A.) years
Annie **. Dengler  3 (c) Social Security Account No.  Sex 5. Color or race divorced. Widowed, or divorced. Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 3, 1939, at 5:30 M  21. I certify that death occurred on the date above stated; that I attend-
Birth date of deceased (mo., day, yr.) 2/1/1862  AGE: Years Months Days If less than one day XZ MIXX ZX ZX ZX Min.  Birthplace Phils. Ps.  (Town, county, and state)  1. Industry or business	ed deceased from Sept. 25 19 39, to Dec. 3, 19 39, and that I last saw her alive on Dec. 1, 19 39.  Immediate cases of death Carcinoma of the Stomach  Due to  Other Conditions
12. Name John Hauth 13. Birthplace Germany 14. Maiden Name Elizabeth Schneider 15. Birthplace Germany	(Include pregnancy within 3 months of death)  Major findings: Of operations Carcinoma of Stoma Cause to which and metasteses in Colon & Charged statistically.
(a) Informant 'ISS Elix.' Dengler  (b) Address 23 1-3. Federal Street  (7 (a) Surial (b) Date thereof 12/0/09  (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory "Oly Reagemer Location Beltimore, a.  Location Beltimore, a.  (b) Address Fariord Av.e.  (Date rec'd by registrar)  (Date rec'd by registrar)	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence

correct age is especially important. Physicians: pease write the causes of death clearly and legiony

VS 3

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



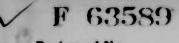
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street address 335 S. Monroe St.	(a) State lld a (b) County	
(c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURAL a	ind give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 335 S. Monroe St. (If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.?	yeare
Mary W. Kuhlen		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH	4 11+M
4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Widow	21. I certify that death occurred on the date above stated; ed deceased from MWCh 1931, to December	that lattend-
6 (b) Name of husband or wifeLate Emil Kuhlen	and that I last saw hon alive on Pecerby 3 19 3	7.
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Aug. 4, 1868	Geelial apoplery	2 musti
8. AGE: Years Months Days If less than one day	Hemiptegia a	7
71 - 3 29. hr. min.	Due to Neyperlensing	
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to	
10. Usual Occupation H. W.		
11. Industry or business Own home	Other Conditions	
12 Name Theodore Boette		PHYSICIAN
13. Birthplace Germany	(Include pregnancy within 3 months of death)  Major findings:	Underline the
Donday Calendahaa		ause to which
F 19. Maiden Name		eath should be harged statis-
The state of the s		tealty,
16 (a) Informant Harry B. Tyler (Son)	22. If death was due to external causes, fill in the follow	wing:
(b) Address 335 S. Monroe St.	(a) Accident, suicide, or homicide.	•
17 (a) Burial (b) Date thereof Dec • 6/39 • (Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery or crematory Loudon Park	(City or town) (County)	(State)
Location 3801 Frederick Ad.	(d) Did injury occur about home, on farm, industrial plane?  While at work?	ce, in public
18 (a) Funeral director Harry H. Links	(Specify type of place)	No.
(b) Address 4101 Edmondson Ave.	(e) Means of injute	
DEC A 4004)	23. Signature Oux Setting	12/M. P.
Modistrar, 44	Address 7124 WWW Date signed	13/34

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address #37 & 20th 1.	(a) State (b) County	-
	(c) City or town Vallenone.	0
(c) Hospital or institution:	(If outside city or togn limits, write RURA)	And the town;
	Street Not 37 2. 20 CM	- 4,
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	Die sell
(e) Length of stay in Behimore (yrs., mos., or days) 6.8	(e) If foreign born, how long in U. S. A.?	yeare
3 (a) FULL NAME Lucy Crafton Win	der.	
3 (b) If veteran, name war / 3 (c) Social Security Account	MEDICAL CERTIFICATION	-555
No. V	20. DATE OF DEATH DEC. 4 1939	( at 5 /M
A. Sex   5. Color of race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
Tey. While governas:	ed deceased from tour 1 19039, to DIC	4 1989
6 (b) Name of husband or wife Wellard Winde	and that I last saw h Atalive on ALC 4 19	39.
6 (c) If Mive, gire age 8,0 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.)		
8. AGE: Years   Months   Days   If less than one day	Endo cardita	
80 11 , 10 hr. min.	Due to 264 po terus con	-
9. Birthplace Va.		
(Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	
11. Industry or business	Other Conditions	PHYSICIAN
12 Name famels X. Grafton.	(Include pregnancy within 3 months of death)	PHYSICIAN
2 13. Birthplace Value	Major findings:	Underline the
Bush Vany Worth	Of operations	death should be
14. Marden Name	Of autopsy	charged statis- tically.
15. Birthplace	22. If death was due to external causes, fill in the fo	
16 (a) Informant / M. Maryar . Garage	(a) Accident, suicide, or homicide	
(b) Address of 37 E. POR AT.	(b) Date of occurrence	
17 (a) Nurial, (b) Date thereof 12 139	(c) Where did injury occur?	
(Burial, cremation, or remark)	(City or town) (Cour (d) Did injury occur about home, on farm, industrial	
(c) Cemetery or comments	While at wor	
Location	place? (Specify type of place)	
18 (a) Funeral director	(e) Means of injust	
(b) Address Work na day.	23. Signature	) M. D.
19 19 minter to Policette, the	Address 3/56 10 anjon W Date sig	med I EC &
TLUB CONSTRUCTOR		35
VS 3		. (

### CERTIFICATE OF DEATH



Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 3311 Bly 4 more Un	2. USUAL RESIDENCE OF DECEASED:  (a) State Md (b) County  Balts
(c) Hospital or institution:	(c) City or town  11 outside city or town limits, write RURAL and give town)  12 officet No. 3 3 11 Glaumore aug.
(c) Length of stay in hospital or inst. (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Drelan Blanche Croswel	11
3 (c) Social Security Account No. Mon ME	MEDICAL CERTIFICATION  20. DATE OF DEATH SEC 4 1939, at 439 P. M.
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married.  6 (b) Name of husband or wife Rosa W. Gosarell  6 (c) If alive, give age 6/ years	21. I certify that death occurred on the date above stated; that lattended deceased from Oct 30 1938, to DIC 4 1939, and that I last saw h Walive on Sec 4 1939.  Immediate cause of death  Duration
7. Birth date of deceased (no., day, yr.) Fel 22ad 1876 8. AGE: Years Months Days If less than one day	Cardiac DEcoupementer Nov 16
9. Birthplace Stown, county, and state) 10. Usual Occupation Stower (4)	Due 10 arterio Sclerosis 7 years
11. Industry or business Of None  12. Name Legs Dobbs  13. Birthplace Letto. Md.  14. Maiden Name  2. Math	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Underline the cause to which death should be charged statis-
15. Birthplace  16 (a) Informant  (b) Address  3 (1) Gleamore Core  17 (a) Gure'al (b) Date thereof (month) idus (year)  (c) Cemetery or crematory Sundan Park	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
Location Bulto. md 18 (a) Funeral director William Cook (b) Address 1217 St. Pull St.	place? While at work?  (e) Means of injury 23. Signature Morres B. Green  M. 3.  Address 300 9 Everyvour Date signed 12/5/39

V8 3

# BALTIMORE CITY HEALTH DEPARTMENT Registered No.

Baltimore City, Maryland  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Will Street address  (g) Horizal cive location  (g) Hirvard cive location  (h) Street address  (g) Hirvard cive location  (h) Street address  (g) Hirvard cive location  (h) Street address  (h) Hirvard cive location  (h) Name of bushessed wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Name of husband or wife (a) Single, married, widowed, or divorced.  (h) Date of decays of death or cut and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw hos, alive on hospital or decays and that I last saw		2. USUAL RESIDENCE OF DECEASED:	" and Nead
(c) Street Stree			PLACE OF DEATH Mum memor at 1849
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Bahimore (yrs., mos., or days)  (f) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) If foreign born, how long in U. S. A?   (g) If foreign born, how long in U. S. A?  (g) If foreign born, how long in U.		(a) State / / Lat. (b) County	i) Baltimore City, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Bahimore (yrs., mos., or days)  (f) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in Bahimore (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) If foreign born, how long in U. S. A?   (g) If foreign born, how long in U. S. A?  (g) If foreign born, how long in U.	e town)	(c) City or town Gallemare	Street address
d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Street of Street of Street or Stree	V	(If outside city or town limits, write RURA), and Ext	c) Hospital or institution:
Length of stay in hospital or inst. (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in Bahimore (yrs., mos., or days)   Color of stay in U.S.A?   Color of stay in U.S.A.   Color of stay in		2509 11 Bal so ST	mion kemorial
3 (a) FULL NAME  3 (b) If veteran, name war  4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.  4. Male 6 (b) Name of husband or wife 6 (c) If alive, give age 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) (FV 10 16 18 19 19 19 19 19 19 19 19 19 19 19 19 19		(If rural give location)	264
3 (a) FULL NAME  3 (b) If veteran, name war  4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.  4. Male 6 (b) Name of husband or wife 6 (c) If alive, give age 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) (FV 10 16 18 19 19 19 19 19 19 19 19 19 19 19 19 19	year	have long in U.S.A?	d) Length of stay in hospital or inst. (yrs., mos., or days a
3 (b) If veteran, name war  3 (c) Social Security Account No.  10 If veteran, name war  10 If veteran, name war  11 Industry or business  12 Name  13 (c) Social Security Account No.  14 Sex  15 Color or race divorced.  16 (a) Single, married, widowed, or divorced.  19 If less than one day hr. min.  10 Usual Occupation 11 Industry or business  12 Name  13 Birthplace  14 Maiden Name  15 Birthplace  16 (a) Informant  17 (a) Informant  18 Address 20 9 W. Balto, State  17 (a) Burrial  18 Date thereof (month) (day) (year)  19 Date thereof (month) (day) (year)  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occur about home, on farm, industrial place  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occura bout home, on farm, industrial place  (d) Did injury occur about home, on farm, industrial place  (d) Did injury occur about home, on farm, industrial place		(e) It foreign born, now long in C. S. T.	I set of stay in Baltimore (yrs., mos., or days)
3 (b) If veteran, name way  4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.  Male  About  1035, at 3  20. DATE OF DEATH  21. Icertify that death occurred on the date above stated; that ed deceased from the first of the control of the deceased from the first of the control of the deceased from the first of the control of the con			
3 (b) If veteran, name way  A. Sex  5. Color or race divorced.  Male  4. Sex  5. Color or race divorced.  Male  6 (a) Single, married, widowed, or divorced.  Male  6 (b) Name of husbander wife levelic M. Myers  6 (c) If alive, give age 66 years  7. Birth date of deceased (mo., day, yr.) 10 K 1969  8. AGE: Years Months Days If less than one day  10. Usual Occupation  11. Industry or business  12. Name  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16 (a) Informant  17. Birthplace  18. Address 23 9 W. Balto, 5 Myers  19. Birthplace  10. Usual Occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16 (a) Informant  18. Myers  19. Myers  19. Myers  11. Industry or business  12. If death was due to external causes, fill in the following that was due to external causes.		MEDICAL CERTIFICATION	
4. Sex  5. Color or race divorced.  4. Sex  5. Color or race divorced.  MALL  6 (a) Single, married, widowed, or divorced.  MALL  6 (b) Name of husband er wife deceased [mo., day, yr.] for 10th 1969  8. AGE: Years Months Days If less than one day hr. min.  9. Birthplace Balto MA.  10. Usual Occupation  11. Industry or business  12. Name Name of March Mall  13. Birthplace Balto MAL  14. Maiden Name Clara E, Potter  15. Birthplace Mall  16 (a) Informant Cuaix M. My era  16 (a) Informant Cuaix M. My era  16 (a) Informant Cuaix M. My era  16 (b) Date thereof (month) (day) (year)  17 (a) Burial (b) Date thereof (month) (day) (year)  Western  Western  18. Date though occurrence of the date above stated, that I last saw here alive on the date above stated, that I last sa	, ou	1.01/ 1021 3	3 (c) Social Security Accoun
4. Sex 5. Color or race divorced.  MALL Sex 6. (a) Single, married, widowed, or divorced.  MALL Sex 6. (b) Name of husband or wife All Sex 6. (c) If alive, give age 6. 6 years 6. (c) If alive, give age 6. 6 years 6. (c) If alive, give age 6. 6 years 6. (c) If alive, give age 6. 6 years 6. (d) If alive and shall last saw h. on alive on Sex 195. 9. Immediate cause of death sex 195		20. DATE OF DEATH ALLE 7 19 87, M. C.	No. // INO.
divorced.  Male  Mare  Months  Male	Buckey	, and the date above stated; that is	6 (a) Single, married, widowed,
and that I last saw h alive on Du land th	A Auction	Ale I LE 1924 to ALLE	
6 (c) If alive, give age 66 years 6 (d) If alive, give age 66 years 6 (e) If alive, give age 66 years 6 (c) If alive, give age 66 years 6 (d) If alive, give age 66 years 6 (e) If alive, give age 66 years 6 (e) If alive, give age 66 years 6 (c) If alive, give age 66 years 6 (e) If alive, give age 66 years 6 (d) If alive, give age 66 years 6 (d) If alive, give alive age 66 years 6 (e) If alive, give alive, a		and that I last saw h an alive on Dea 4 1959.	
7. Birth date of deceased (mo., day, yr.) (v) 10th 1269  8. AGE: Years Months Days If less than one day  7. Birthplace Mult. min.  9. Birthplace Musical Multiplace M	ratios	Duri	Casul M. ngus
7. Birth date of deceased (mo., day, y.l., page 16 less than one day hr. min.  9. Birthplace Balts M. M. Due to Luror Cleror (Due to Luror Cleror)  10. Usual Occupation Floris 3  11. Industry or business Self (Include pregnancy within 3 months of death)  12. Name Norman d. Myera (Include pregnancy within 3 months of death)  13. Birthplace Balts M. Myera (of operations)  14. Maiden Name Clara E, Positive Of autopsy  15. Birthplace M. Myera (a) Accident, suicide, or homicide Clara (b) Date of occurrence (b) Date of occurrence (c) Where did injury occur? (County) (County)  17 (a) Bartial (b) Date thereof (month) (day) (year)  (d) Did injury occur about hone, on farmy (d) (County)		Innediale case here here workall	O (C) It mitted Bitter
8. AGE: Years Months Days  10. Usual Occupation  11. Industry or business  12. Name Phomas L. Myers  13. Birthplace  14. Maiden Name Plana E, Poster  15. Birthplace  16. (a) Informant Punit M. Myers  (b) Address 239 W. Balto, Friendle M. Myers  (b) Address 239 W. Balto, Friendle M. Myers  (b) Date thereof (month) (day) (year)  17. (a) Burrial, evaluation, as commonth.  (b) Date thereof (month) (day) (year)  Western  Western  Due to Figurallusion  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  12. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence (c) (d) Date injury occur)  (c) Where did injury occur about home, on farm, industrial place  (d) Did injury occur about home, on farm, industrial place		- Curris and	7 Right date of deceased (mo., day, yr.) / 100 105 1969
9. Birthplace 10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant (b) Address 25 9 W. Balto, Salto (Burisl, evanation, w removal)  17 (a) (Burisl, evanation, w removal)  Western  Western  Due to Rullurson  Due to Rullurson  Due to Rullurson  Other Conditions  Other Cond			a ACE. Years   Months   Days   If less than one day
9. Birthplace 10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. (a Informant Cuaix M. My era  (b) Address 259 W. Balto, St.  (Burial, counting or town)  (b) Date thereof (Burial, counting or town)  (c) Where did injury occur about home, on farm, industrial place  Western  (d) Did injury occur about home, on farm, industrial place  Western  (d) Did injury occur about home, on farm, industrial place		n. Due to Markey sion	b. Auc.
10. Usual Occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant  (b) Address 25 9 W. Balto.  17. (a) Burial  (Burial, committee, we removed)  Western  Western  Other Conditions  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following of the conditions  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place		DA (e) or cleropes	B. 14 ml.
11. Industry or business  12. Name  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant  (b) Address 259 W. Balto, 31  (b) Date thereof  (Burial, examption, as removed)  Western  Western  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place		Due to Arthur harman	9. Birthplace (Such county, and state)
11. Industry or business  12. Name  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant  (b) Address 259 W. Balto, 31  (b) Date thereof  (Burial, examption, as removed)  Western  Western  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place			torist.
12. Name 12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant (b) Address 259 W. Balto. St. (b) Address 259 W. Balto. St. (b) Date thereof (Burisl, countien, we removed)  Western  Western  (Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the following and the suicide, or homicide. (a) Accident, suicide, or homicide. (b) Date of occurrence (c) Where did injury occur? (City or town) (County)  Western  Western  Western  Western  (d) Did injury occur about home, on farm, industrial place	YSICIA		TO. CITAL
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a Informant (b) Address 25 99 W. Balto, 57/7/39 17 (a Burial (b) Date thereof (month) (day) (year)  (Burial, counties, as removal)  Western  Major findings: Of operations  Of autopsy  22. If death was due to external causes, fill in the following and the state of the cause of the cau			
13. Birthplace  14. Maiden Name  15. Birthplace  16 (a) Informant  (b) Address 25 99 W. Balto, 51  (b) Date thereof  (Burial, evanuation, as removal)  Western  Of operations  Of autopsy  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place	derline	1 10000	12. Name / normal a. my com
14. Maiden Name Plana E, Poster  15. Birthplace  16 (a) Informant Lucie M. Myera  16 (b) Address 2599 W. Balto, St. 12/7/39  17 (a) Burial (b) Date thereof (month) (day) (year)  (Burial, counties, we removed)  Westerm (d) Did injury occur about home, on farm, industrial place	e to wh	Of operations Nous death	13 Birthplace Bults Md
15. Birthplace  16 (a Informant Luait M. My era  16 (a Informant Luait M. My era  (b) Address 25 99 W. Balto, 57/7/39  17 (a Burial (b) Date thereof (month) (day) (year)  (Burial, counties, as removal)  Western  22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide (d) Date of occurrence (city or town) (County)  (d) Did injury occur about home, on farm, industrial place	ged sta	charge	Olan E. Poster
15. Birthplace  16 (a Informant Lucie M. My era  16 (a Informant Lucie M. My era  (b) Address 25 39 W. Balto, 57/7/39  17 (a Burial (b) Date thereof (month) (day) (year)  (Burial, remation, we removed)  Westerm (d) Did injury occur about home, on farm, industrial place		Of autopsy	H 14. Maiden Name
16 (a) Informant  (b) Address 25 9 W. Balto, 57/7/39  17 (a) Burial (b) Date thereof (month) (day) (year)  (Burial, counties, as removal)  Western (d) Did injury occur about home, on farm, industrial place	ng:	the following	1 Augustian Augu
(b) Address 25 9 4 , 1520, 54 7 3 9  17 (a Burial, examples, as remove)  Western (month) (day) (year)  (d) Did injury occur about home, on farm, industrial place	1	il- or homicide	16 to Informati Luair M. Myera
17 (a Burial, countien, a removal)  (b) Date thereof (month) (day) (year)  (c) Where did injury occur? (City or town) (County)  (d) Did injury occur about home, on farm, industrial place	-		h Address 2509 W. Balto. St.
(Burial, examples, or farm, industrial place	tHtml	(b) Date of del injury occur? (3 th	
	in pu	(City or town) (County)	
(c) Cemetery or crementary white at work	100		9/20/222
Botto Md. place of place	77	place? Male white at word white at word	(c) Cemetery or english Ralto md.
Location Section (Specify of the affect of the section)	Heim	tale after and	Location
18 6) Funeral director William of Auch	an	LA MALANTA	A Funeral director Walkages Dog
1217 Jr. Frank 123. Signature 1210	M. D	23. Signature	1217 St. Pank 19
1 to Villiams Mit ( wine Memoria Date signed	NAC	Mil Juiou Memoria Date signed	Horadress 4 + to Polliam
19 (a) Registrar   Address Union   Address Lancon   Addre	14	Address Annual Att alay	

### COK BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



CERTIFICATE		
THACE OF BEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Maryland (b) County	
Street address Baltimore Maryland  (a) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURA	I. and give town)
Baltimore City Hospitals	id Street No. 5500 Cardiff Ave.	
d) Length of stay in hospital or inst. (yrs., mos., or days) e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
MILL NAME		
John Holtz  3 (b) If veteran, name war  3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH  LICENSIS 3 1930	1 . at 3 2 PM
No.  Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above sta	
( Luchard or wife	and that I last saw have alive on	Duration
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death Brancho purcumonia	3 days.
7. Birth date of deceased (mo., day, yr.) Dec. 28, 1879  8. AGE: Years Months Days If less than one day  59 //9 5 hr. min.	Due to	
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation Unemployed	Other Conditions Could thumbers	8 mms.
11 Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name John Holly.	Major findings:	Underline the
13. Birthplace Germany Wargaret ?	Of operations	death should in the charged state
14. Maiden Name Margaret ? Unknown	Of autopsy wit done	tically.
15. Birthplace	22. If death was due to external causes, fill in th	e following:
16 (a Informani	(a) Accident, suicide, or homicide. (b) Date of occurrence.	
Bund b Date thereof Dela (ven	(c) Where did injury occur?	County) (State
(Burial, crematinn, or removal) (C Cemetery or crematory 3 alleurous Case	(d) Did injury occur about home, on farm, industry place? While at	work?
Location Sello Mines	(e) Means of injury	
(b) Address 210 & Mileans Mileans M	22 Simpling managalle	m. 2.
(a) (a) Registrar	Address / Francisco	

PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address 627 N. KENVOOC AVE.  c) Hospital or institution:  d) Length of stay in bospital or inst. (yrs., mos., or days)  c) Length of stay in Baltimore (yrs., inos., or days) 55/2/11	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Fallimore (If out ide city or town limits, write RURAL and glass town) (a) Sefect No. 6.7 N. Achinoud Ave.  (b) If foreign born, how long in U. S. A.?  years
HENRY JACOB FINE, C. S. b) If veteran, name was No. 214-03-4778	MEDICAL CERTIFICATION  20. DATE OF DEATH  Lecember 3, 19 39, at 11:40M
5. Color or race 6 a Single, married, widowed, or divorced.  Thite Married  Name of husband or wife Colhita C. rink 6 c lf alive, give age 51 years	21. I certify that death occurred on the date above stated; that lattended deceased from 6/24 1977, to 12/4 1979, and that I last saw him alive on 12/h 1947.  Immediate cause of death Aglular Duration
7 Birth date of deceased mo, day, yr Sept. 22, 1884 8 AGE: Years Months Days If less than one day 55 2 11 hr. min. 9 Birthplace Partitions. 46. (Town, county, and state) 10. Usual Occupation Auditor	Due to  Due to  Other Conditions Kreeck OS Ymork
12 Name Henry J. link.  13 Birthplace Paltimore, Mo.  14 Maiden Name Louise Zimmerman,	PHYSICIAN  Include pregrancy within 3 months of death  Major findings:  Of operations  Of autopsy  Of autopsy  PHYSICIAN  Include pregrancy within 3 months of death  It is derive the area to high death bound be haryed at all the light.
15. Birthplace Faltimore, MG.  16 (a) Informant Mrs. Cophis C. Fink  b) Address 637 N. Kenwood Ave.  17 (a) Furial (Burial, cremation or removal) (month) (day) (year)  c) Cemetery or crematory Parkwood Location Taylor Ave. Baltimore, Co.	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence
18 a Funeral director Jakes Cellrich  (b) Address 1030 Funta & Williams, M. Registrar	23. Signature De Gouria Date signature.  Address of 9 of Gouria Date signature.

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63593

CERTIFICATE OF DEATH

107-2

1. PLACE OF DEATH CITY OF BALTIMORE: (No. 2 )09 Wodson	Registered No
Length of residence in city or town where death occurred you	mosda. How long it U. S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
( Updat pour	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  S. Single, Morried, Widge of	21. DATE OF DEATH (month, day, year) ) 2 , 185
Forde Colored " Marie the ford)	1 HEREBY CERTIFY, That I attended to the state of the sta
Sa. If married, widowed, or divided the BL SRAND of (or) WIPE of	I last now had alive on 12/ 19 5. Death in said
6. DATE OF BIRTH (month, day, year) Sept. 4. 1860	to have occurred on the date stated above, at
19 or min.	Brencho Procuring
kind of work done, are nawyer, bookkeeper, etc	Other contributory causes of importance:
12. BIRTHPLACE (city or teren) laster place (State or country)	To as operation performed.  Date of—  For what disease or injury?
. 1	formerica
1/4/000	Was there an autopay?
(State or country)	What test confirmed diagnosis was there was the figure (violence) fill in also the fill in a
15. MAIDEN NAME  16. BIRTHPLACE (city or )  (State or country)	Where did injury occur? (Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in pul
15. INFORMANT WORDS Bantes.	Manner of injury
18. BUREAL, CREMATIONS OR REMOVAL.	24. Was disease or injury in any way related to occupation of decease
Must Sug . H. Halland	Il so, apprily of If
19. UNDERTAKER (Address)	(Signed) Lutturely . M.
The Mark 1000 Municipality to Milliones, Mathematica	(Address) 7/34 VIII

### F 63594



111100115		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Maryland b) County	
Street address Heuring Rem o Harford RV	000.	
Hospital of institution:	(c) City or town Balling Will a RIPA	1 and give town
Sydenham Hospaital	Street No. 777 Carroll &	T
Length of a in hospital or inst. (yrs., mos., or days)	Servet No. 7 Carroll	•
	If foreign born, how long in U. S. A.?	
Length of stay in Baltimore (yrs., mos., or days) 15 mo.	A tri foreign born, now long in C. S. A.r	year
Agnes Marie Dur	bein	0
b) If veteran, name war 3 (c) Social Security Accoun	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH Lee. 5 1939	. of LO PA
. Sex 5. Color or race 6 n Single, married, widowed, o	21. I Cellilly mat death occurred on the date above state	ed, that lattend
Fernal White divorced single	ed deceased from Dec. 2 1939, to Dec	5 1939
(b) Name of bushand or wife	and that I last saw her alive on Dec 5 1	934.
6 o If alive, give age year		Duration
Birth date of deceased mo, day, yr. Que 6/38	OB.	1.0
AGE: Years Months Days Illes tan one day	Brondispneumana	1 4 day
1 3 29 hr. mir	Due to Premiercus Type 19	2
Buthplace Baltimore, Maryland.	3 Perlusses	2 000
(1own, county, and sort)	Due to	
0. Usual Occupation	Other Conditions	
1. Industry or business Q. Durking	Other Conditions	DILLY CLOCK A N
12. Name Cook	cluciude pregnency within 3 menths of death	PHYSICIAN
13. Birthplace Balliane, Maryland	Major findings:	Underlie t
14. Maiden Name Dorotty O'Weill	Of operations	death hold
	Of autopsy	harg d anti
15. Birthplace Baltimer ; maryland		-
	(a) Accident, suicide, or homicide	
(b) Address 777 Canal St	b Date of occurrence	
7 a bureal b Date thereof 12/7/1930	Where did injury occur?	
General or crematory Mew Cathedral Co	(d) Did injury occur about home, on farm, industrial	
Location 4300 all Frederick Pa	(d) Did injury occur about nome, on farm, industrial	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	place? While at wo	
18 1 Funeral director Delle + Cowal office	(e) Means of injury	0.
1) Address 911 Mallus Mull	23. Signature Jacob Lehft Tug	M D
19 (a) 161 mg to ledling the	Address Sy denkon Ho pot of Date sig	gned 12/5
(Date rec'd by registrar) Registrar	Madicas	

### F 63595

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63595
Registered No.

1. PLACE OF DEATH: (a) Bultimore City, Maryland		2. USUAL RESIDENCE OF DECEASED:	-
	100 11. 10	(a) State Mary and (b) County	
b) Street address Harf	nd Rd . + Herry Kun	D. At.	
(c) Hospital or institution:	Honstill	(If out ide city or town limits, write RUR)	L and give town
Sydenland	L Mogales	1 Street 777 Carroll &	7
(d) Length of stay in hospital or i	inst. yrs., mos , or days 4004	(If rural give location)	1
(a) Length of stay in Baltimore (			
2 (a) ETHI NAME		DURKIN	years
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	0
- Contract the contract to the	No.		015
4. Sex 5. Color or race 6	5 a Single, married, widowed, or		, at 9 A. M
	divorced. Simile	21. I certify that death occurred on the date above state	
	- 54	ed deceased from Dec. 1939, to De	
6 h Name of husband or wife	6 (a) 16 alian aina an	and that I last saw h (A alive on Oec . 5	) 34.
	Oug ( 1/28	Immediate cause of death	Duration
7. Birth date of deceased mo., da 8. ACE: Years Months Da		@ Brondespueumania	76
1 2 20	9 .	Due to Premococais Type 13	1 days
Q ATT	hr min.	@ Pertussis	abrit 21 day
9. Birthplace Bolling	own, county, and states	Due to	a raing
10. Usual Occupation		Due to	1
11. Industry or business	- 04	Other Conditions	
12 Name Edward	A. Darlein		DIEVELCIAN
5	1 0	(Include pregnancy within 3 months of death)	PHYSICIAN
13 Birthplace Balten	the ma	Major findings: Of operations	Underline the
14 Maiden Name Doys	by o'heill		leath held be
15. Birthplace Baltin	time md	Of autopsy hot per formed	thanged statis-
16 1 Informani mother.	- Dorolly Durlain	22. If death was due to external causes, fill in the fo	llowing:
	arroll St.	(a) Accident, suicide, or homicide	
1-11-11	0/0/1000	(b) Date of occurrence	
I furial, cremation, or removal)	b Date thereof (mysth) Aday (sear)	(e) Where did injury occur?	
Cemetery or crematory 7	beweatteedral	(d) Did injury occur about home, on farm, industrial	
Location 4300 Cls	1 frederick Pd	place? . While at work	
18 a Funeral director John	46 owas 4 Lon	(Specify type of place)	
b Address 9 VI FAI	alleus St	(e) Means of injury	P, Q1
	A 1 7/11 W 3	23. Signature	M. D.
19 (a) (b) (b) (b) (b)	A Registrar	Address sy death am Hospila Date sign	ned



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
45 5 6 34 5 1	a) State Md (b) Couply	
(a) Baltimore City, Maryland (b) Street address 23 36 W Fayette	C City or town Baltimore &	its
c flospital of institution:	(If out ide city or town limits, write RURA)	i. and give town)
fruite fruit	& Stra No. 1321 Hill ma	endt.
d Length of stay in hospital or inst. (yrs., mos., or days)	U)	
(e) Length of stay in Baltimore (yrs., mos., or days).	If foreign born, how long in U. S. A.?	years
3 a FULL NAME At Elen D. Burker		0
3 (b) It veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH December 5 1937	, at 11 7 M
4. Sex 5. Color or race 6 is Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the rer	nains described
Finale White divorced Child	above, held an antipon thereon and from	m the evidence
6 16 Name of husband or wife	obtained by said and find that said	deceased came
6 c If alive, give age years	to her death on the day stated above	
7. Birth date of deceased mo. day. yr Sept. 13.1939	Immediate cause of death	Duration
8 AGE: Years Months Days: If less than one day	accordanted much anniel	
2 2) hr min	suffocation	
9. Birthplace Baltin me Mid	Due to	
Town, county, and state		
10. Usua Occupation	Due to	
0 1 600 11-	2.0	
12 Nomo Patrick / La / Switch	Other Conditions	
2 13. Birthplace Juliand	(Include pregnancy within 3 months of death)	PHYSICIAN
# 14 Maiden Name Villa Sully	Major findings:	Underline the
\$ 15. Brithplace Orlland	Of operations	death should be
16 (a) Informant Partick R. But	Of autopsy	charged statis-
1 Address 13 21 Hillman St.	22. If death was due to external causes, fill in the fo	
Burnel 10 1 Dec 7. 1839	(a) Accident, suicide, or homicide	
(Burial eremation or removal) (Date thereof (month) (day) (year)	(b) Date of occurrence Dec 504 . 1929	
(emetery or crematory Haly Grott Gun	Where did injury occur? 2336 W 9	Hill Comme
Location Harand Rd	d Did injury occur about home, on farm, industrial	
Male 19 Water Dos	place? While at wo	(k?
18 (a) Funeral director Comment	(c) Means of injury	Spents
(b) Address 12/0.	23. Signature 74 LW Medical Examina	M.D.
19 (a) pate round by registrar (b)	Date signed Dec. 6 th, 1535	
NCO . MAGE		

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Registered Ne.....

CERTIFICATE	
	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland  b) Street address 5501 Bosworth ave  b) Hospital or institution:	(a) State Balto (b) County
	(c) City of My patistic city or town limits, write RURAL and give town 1  (d) Fireet No. 5501 Bosworth Que  (d) rural give location)
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME Ama M	Short MEDICAL CERTIFICATION
3 b) If veteran, name war No.	20. DATE OF DEATH /2 -3 1939, av/2 P. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or film	21. I certify that death occurred on the date above stated; that I allow on 1939, to 1939, and that I last saw he alive on 1939, Duration
6 h Name of husband or wife Robert , give age years	
7. Birth date of deceased rno, day, yr Oct 14 18 55 8. AGE: Years Months Days If less than one day	Layor huge auditis her fefor
8 AGE: 84 / 2011 hr. min	- was de
9. Birthplace Boltimore (Town, county, and sync) 10. News Occupation Housework Thomas	Other Conditions Welevis Acleurs is arrived PHYSICIAN
10. Order of husiness	the second of death
12. Name John Roller  13. Birthpince Germany	Major findings: Of operations  Of operations
# 14 Maiden Name anna M Valkert	Of autopey 2000   charged stati
15. Birthplace Termany	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
A Address / / / / / / / / / / / / / / / / / /	9 b) Date of occurrence
Burial cremation, or removal)  Burial cremation, or removal)  Competers or crematory of our don Park	d) Did injury occur about home, on farm, industrial place, in pub  While at work?
Location 3501 Frederich we	place? (Specify type of place)
18 a Funeral director William M March	23. Signature
(b) Registrat	Address 5201 Jeryun & Me signed 4 %
nFC-6 - 1939	Maria Carlos Car

VSE



CERTIFICATI		-
22.22.25.190	2. USUAL RESIDENCE OF DECEASED:	11 -
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State Lad (b) County	- Ne
(b) Street address (c) Hospital or institution	(c) City or town Great or town Marita, write RURAL	and give town)
South Baltimore General Hoof.	17th Street No. 111 Grantsle Ht	- Jack
d) Length of stay in hospital or inst. (yrs., mos., or days) -/	(if rural give location	
d Length of stay in nospital to be a days	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or days)		
3 (a) FULL NAME GEORGE BEI	Y / Y E / /	
Account	MEDICAL CERTIFICATION	,,30
3 (b) If veteran, name war	20. DATE OF DEATH december 344 9 37	, at FaM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 THEREBY CERTIFY. The thook charge of the ren	nains described
in W divorced single	shove held an warmen thereon and from	m the evidence
	( A 117 ( M) ( M) ( M) ( M)	
6 b) Name of husband or wife	obtained by said (Autopa) or in and	
0 Ultranset Erre ne	to his death on the day stated above.	
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death.	Duration
8 AGE: Years Months Days If leas than one day	Sun- that would	1-
28 hr min	of head	
O D abolica	Due to	
9. Birthplace (Tewn, county, and state)		
10. Veual Occupation Engineer	Due to	
11. Industry or husiness Steel works		
E 12 Name	Other Co. ditions	
Cllan	(Include pregnancy within 5 months of death)	PHYSICIAN
- 17 (211 0) 0	Major findings:	Underline the
14 Maiden Name Waknawn	Of operations	death should be
3 15 Brithplace		charged statis-
16 (a) Informani Samuel Barnard	Of autopsy	tically.
	22. If death was due to external causes, fill in the f	Le
MAddress frame & rederricks mil	39 (1) Accident, suicide, or homicide Suice	939
17 a Parial Date thereof Occ. 7, 18 (month) (day) (year	39 (b) Date of occurrence Lee 3rd, 1	, marly be
Cemetery or crematory Brooms Island	c Where did injury occur	unty (Sente
Cemetery of crematory for all along the	Did injury occur about home, on farm, industria	
Location Broomes Island, on	A Line of While at Wi	ork?
18 a) Funeral director Q. O. Harlaness & Son	(e) Means of injury 38 hullet fram an	tomate and
ou Aldrew Mulyar , I from.	23 Signature JA. A. O October	M.D
DFC C Thurburg on Milaus,	Date signed Dec 4th 1835	
19 Tute 0 Tu 1930 Registrar	Date signed	

HEALTH DEPARTMENT—CITY OF BALTIMORE № 63599 CERTIFICATE OF DEATH F 63599 Registered No ..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. ds. How long in U. S. If of foreign birth? yrs. mos. Length of residence in city or town where death If U. S. Veteran specify WAR 2. FULL NAME Ward. (If non-resident give city or town and State) (a) Residence: No .. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 1939 5. Single, Married, Widowed, or Divorced (write the word) 21, DATE OF DEATH (month, day, year) 4. Color or Race deceased from attended I HEREBY CERTIFY. nov Sa. If married, widowed, or divorce 12.37. Death is sold HI SHAND of (or) WIFE of to have occurred on the date stated above, at 1-40 A The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of enget If LESS than importance were as follows: Dane Years Months 7. AGE 1 day, hrs. min. to unermore 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Other contributory causes of importances 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation 12. BIRTHI'LACE (city or town (State or country) For what disease or lajury? Name of operation Was there an autopsy? ITO What test confirmed diagnosis? H. BIRTHPLACE (city or town) ... 23. If death was due to external causes (violence) fill in also the fol-(State or country) Accident, suicide, or homicide? Date of injury 19. IS. MAIDEN NAME Where did Injury occur?\_ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town (State or country) IT. INFORMANT Manner of injury

Nature of injury

Resistrar.

24. Was disease or injury in any way related to occupation of deceased?

18. HURIAL, CREMATION,

(Address)

20. FILED

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No .... 1. PLACE OF DEATH (If death occurred in 541 W. Ba a heapital or institution, give its NAME instead ... Ward) CITY OF BALTIMORE: (No. of street and number.) Length of residence in city or town where death occurred .... 2. FULL NAME .. (a) Residence: No. (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 4. Color or Race 21. DATE OF DEATH (month, day. 3. SEX or Divorced (write the word) I HEREBY CERTIFY. That I attended 5a. If married, widowed, or divorced 3.1. Death is said HUSBAND of (or) WIFE of to have occurred on the date rtated above, at J 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than Date of quest Days importance were as follows: 7. AGE Montha I day,.....hrs. 6 or ......min 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. II. Total time (years)
apent in this 10, Date deceased inst worked at this occupation (month and occupetion 12. BIRTHPLACE (city or town) Was an operation performed? (State or country) Name of operation What test confirmed diagnosis? Was there an autopsy! 14. BIRTHPLACE (city or town 23, If death was due to external causes (violence) fill in also the fol-(State or country) lowing: Accident, suicide, or homicide .Date of injury .. 15. MAIDEN NAME Where did injury occur?.. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 14, BIRTHPLACE (clty or town) (State or country) 17. INFORMANT ann (Address) Manner of injury. 18. BURIAL, CREMATION, OR REMOYAL Nature of injury 24. Was disease or injury in any way related to occupation of decease 20. FILED

Registered No.

CERTIFICATE		
PALACE OF PEATH.	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland	( State M. A (b) County	
a) Baltimore City, Waryland		
1) Street address 1556 H Veyette	(c) City or town Vallen or &	T and an Annual
c Hospital or institution:	(c) City or town (If out ide city or town limits, write RURA	L and give town
	Street No. 2556 W Stry LA	w
d Length of stay in hospital or inst. (yrs., mos., or days)	ilf rural give (catton)	
d Length of stay in hospital and 3C111	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore yrs., mos., or days) 35 27		
- and was I	van	
11/10/10/10/10	MEDICAL CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account	39	, at 1/00 P.M
No.	20. DATE OF DEATH	
4. Sex   5. Calor or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	-4 19 39.
divorced Married	ed deceased from Dec 1 1939, to Dec	39
1 badamile Huge & M' James	and that I last saw h he alive on Dec 4	
6 (b) Name of husband or wife Huy to file with years	Immediate cause of death	Duration
10.00	urema	-
7. Birth date of deceased into, day, you	The state of the s	-
8. AGE: Years Months Days It less than one day	Due to chime highway	
/0 /0   1   hr. min.	Extreme grandyd artensila	"
9. Birthplace Many warm	Due to	11.4
( Town, colling, and seate)	Frocted Phylo Porp	4 days
10. Usual Occupation	Other Conditions	-
11. Industry or business		PHYSICIAN
12. Name // // // // // // // // // // // // //	(Include pregnancy within 3 months of death)	Underline the
13 Birthplace Mary Cun &	Major findings:	cause to which
21	Of operations	death should be
14. Maiden Name / wy July	Of autopay	charged statis-
15. Birthplace Holy Can &	Of autopsy	following:
16 (a) Information of alfth M Town	22. If death was due to external causes, fill in the	
	(a) Accident, suicide, or homicide (b) Date of occurrence Fratural Hap	12 139
	(b) Date of occurrence But M	d.
17 (a) (1 urial, cremation, or removal) (month) (day) syear)	(c) Where did injury occurr	ounty) (State)
(Porial, Cremation, St. 1) A at Class	(d) Did injury occur about home, on farm, industri	al place, in public
(c) Cemetery or crematory Carminat	While at w	ork?
Location Las	(Specify type of prace)	of bedroom
18 (a) Funeral director try a different for	(e) Means of injury Racusu	t
(b) Address Julian Core + Stuffelle	23. Signature	M. D.
BFC C- 1820 b) H twater Williams, My	Address 206 A William H. Date	signed + 1613
Politice bid by 1333	Howar to Molders M. Che	if med to
vs 3	Revaablackburn	0 13

## HEALTH DEPARTMENT—CITY OF BALTIMORE 63602

CERTIFICATE	OF DEATH 50
1. PLACE OF DEATH	Registered No
(1) 433V utland (1)	of St.,   Ward)  a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. 43 2) Length of residence in city or town where death occurred yrsm	ds. How long to U. S. If of foreign birth?yrsmos. ds.
Length of residence in city or town where death occurred	If U. S. Veteran specify WAR
9 FILL NAME	
5/33 turlows	St., Ward. (If non-resident give city or town and State)
(C)sual Pine	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  14 Color of Race   5. Single, Married, Widowed.	The same of the sa
3. SEX 4. Color of Rule or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceaned from
So. If married, widowed, or divorced HI SBAND of	I last any holow alive on 13 . 5 . 19.3. Death is said
(or) WIPE of	to have occurred on the date stated above, it & A m.
6. DATE OF BIRTH (month, day, year)   2.4. Y	The principal cause of death and related causes of importance were as tollows:
7. AGE Years Months Days I day, Cohra.	**************************************
The state of particular	N. O. u. trilione
A live of the mark did till, he springers	
sawyer, bookkeeper, etc.  9. Industry or business in which wurk was done, as silk mill.	Other contributory causes of importances
wurk was done, as saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and occupation)	
Z offe	Was an operation performed
12. HIRTHPLACE (city or town) Jaly	For what disease or injury?
0 000	Name of ameration
13. NAME ACCEPTANT THE SERVE CO.	Was there an autopay?
(State or country)	What test confirmed diagnosis:  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Date of injury
E 15. MAIDEN NAME ( )	
16. HIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publi
1: INFORMANT WOTEN	place
Address)	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place Date 10.	Nature of injury
Place Place 1939	24. Was disease or injury in any way related to occupation of deceases
19. UNDERTARES LEDICAL SCHOOL DE COMMISSIONES OF LEGISLE	(Signed) - Du . L. Berry . M.
20. FILED PET H A MOOTE Registrar.	(Address) 14-206
1000 A 1000	
DEC 6 1939 September Williams, My	/

V F 63603

Registered No.

CERTITION	-	
	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	(a) State Md (b) County	
(a) Baltimore City, Maryland	(a) State	
(b) Street address 12 00 Valley Street	(c) City or town Ballissone (If outside city or town limits, write RUR.	Al. and give town)
(c) Hospital or institution:	(11 outside city or trans	
Little Sisters of the Pour	(4) Street No. 1200 Valley St.	)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	50 years
(e) Length of stay in Baltimore (yrs., mos., or days)		
3 (a) FULL NAME  Mary Market Scount   3 (c) Social Security Account	MEDICAL CERTIFICATION	15 p. m.
3 (b) If veteran, name war	20. DATE OF DEATH LEAR, 4, 1939 19	, at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above at ed deceased from Sept 10 1937, to De and that I last saw here alive on Dec 3	19 35.
6 (b) Name of husband or wife Ananks 6 (c) If alive, give age years	Immediate cause of death	3 month
	Immediate cause of death Curonie my ocardilis	0 1/10
7. Birth date of deceased (mo., day, yr.) Q.W. 20, 1862		
B. AGE:	Due to	
71 17 14 hr. min.		
9. Birthplace Sermany, and state)	Due to	
P	Other Conditions Edema Lings	1duy
10. Osdar Occupant	Other Conditions Quema aung	-
11. Industry or business	11	PHYSICIAN
# 12. Name anthony Pannebolin	Major findings:	tinderline th
12. Name 13. Birthplace	Of operations	death should
a 13 Birmpiace		charged stati
14. Maiden Name Justiphine Characters	Of autopsy.	tically
S	- Cill in the	e following:
16 (a) Informant Lucle Swatch of the Pour	(a) Accident, suicide, or homicide	
16 (a) Informant Santa Marie Attent	(a) Accident, suicide, or many	
(b) Address 12 vv Valley Street	(b) Date of occurrence	
17 (a) Buriel (b) Date thereof Dic 1 (93)	(c) Where did injury occur? (City or town)	l'minty) (Pinte)
(Burlat, cremation, or temperature)	Did injury occur about home, on farm, mone	trat prace, to pass
(c) Cemetery or crematory	place? (Specify type of place) While at	WOTE
Location 200		
18 (a) Funeral director	(e) Means of injury of 4,11 Hall	
O STATE OF THE STA	23. Signature	M. D.
(b) Address	Address 16312 Noule av Dat	e aigned NICO
A 19 (a) 30 20 istrar) Revision	Addition	7
UCC ALLIANO	1	

### F 63604

### BALTIMORE CITY HEALTH DEPARTMENT



PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED	
a) Balumore City, Maryland	(b) State had (b) County Belliamse	
(b) Street address (c) Hospital or institution:	City or town Countries write RURAL and giv	e town :
Union memorial Hospital	dyStreet No. 3404 It Paul It	
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
e) Length of stay in Baltimore (yrs., mos., or days)	e) If foreign born, how long in U. S. A.?	year.
3 (a) FULL NAME Charles I. apple garth	gr. X	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 5 1935, at 5	23 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced	21. IHEREBY CERTIFY, That I took charge of the remains de	
1100	above, held an (Autopsy or Inques) thereon and from the en	
6 (b) Name of husband or wife stryl C. 6 (c) If anye, give age years	obtained by said (Autopus or inque)	Il came
7. Birth date of deceased mo. day, yr. Mar. 7, 1879	to his death on the day stated above.	
8 AGE: Years Months Days If less than one day	Immediate cause of death	ration
60 Y 28 hr. min	gard grand	
9. Birthplace Baltimore, Mrd.	Due to	
10. Usual Occupation Pyster Pueller		
11. Industry or business Q. L. appliquath r.Co.	Due to	
12 Name Charles C. Epplegrath	Other Conditions	
		CICIAN
13. Birthplace Balts.	(include pregnancy within 3 months of death	SICIAN
14 Maiden Name Laurle V. Pierson		rl ne th
15. Birthplace Unknown	death	should be
16 (11) Informant Mrs Sibyl C. appliquate	Of autopsy Gente gastroentents tically	
Address 3404 St. Paul St.	2) If don't was due to external causes fill in the following	
0 12/2/40	a Accident, suicide, or homicide probable sui	cur
( the state of the	(b) Date of occurrence Dec. 4, 1935	_ = =
Cemetery of Geniators	Where did injury occur? 3704 H Paul 11.	State
Location (balts, Md.	(d) Did injury occur about home, on farm, industrial place, i	n public
18 (a) Funeral director Low J. Lieknes + 60	place? While at work? While at work?	
hant We wash	(c) Means of injury swallower 300	140
to the rule New	23. Signature Ja L. Wallanweber	M.D.
EG 6 1939 Registrar	Date signed dec 600, 1935	

## F 63605



CLITTI		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Md. (b) County	
Street address 1714 John Street Hospital or institution:	(c) City of town Baltimor (If out ide city or town limits, write RURAL	and give town)
	Street No. 1714 John Street	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		X
(a) FULL NAME John Carl Lettow	MEDICAL CERTIFICATION	
b) If veteran, name war	December 4, 19 39	. n 3 p M
1. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Har ied	21. I certify that death occurred on the date above state	40 19 34
Male  Male	and that I last and he alive on Immediate cause of death Cerebral	Duration
V (C)	Hemorchage	Nous
7. Birth date of deceased mo., day, yr. Jans 2, 1891 8. AGE: Years Months Days If less than one day 48 11 2 hr. min.	. Hunestersion +	5-7 year
paltimore Md.		1
9. Birthplace (Town, county, and state) 10. Usual Occupation Printer - Self	Other Conditions Arrested 14	8-9 year
II. Industry or business	T. May losis M. tylinis	PHYSICIAL
12. Name Ludwig Lattow	Include pregnancy within 3 months of death; Major findings:	t of rhine 1
13 Birthplace	Of operations	t ath house
14 Maiden Name Matherine Weil	Of autopsy	tically
2 16 Reshalace Baltimore, au-	22. If death was due to external causes, fill in the	following:
16 (a) Informant Mrs. Nellie Lettow	(a) Accident, suicide, or homicide	
1) Address 1/14 00 m 501600	(b) Date of occurrence	unty) (State
The state of removal)	(c) Where did injury occur? (City or town) (Co. (d) Did injury occur about home, on farm, industri	
Druld Mide	While at w	ork?
Location Baltimore, County	(Specify t) pe or place)	
18 Funeral director Wm. J. Tickner Sons.  18 Venues	23. Signature Solvey Shepps Address 9 J & St. paul IT Date	and from
(b) Address (b) - 1939 (b) - 19 (a) (c) - 1939 (b) - 1939 (b) - 1939 (c)	Address 9 Jost paul IX Date	oigned 17/4



1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address 3 NUM + Q Ldword Mt.		(a) State Ind. (b) County Knowld	
	Lawra Mt.	A COL. HOLL A	1
(c) Hospital or institution:	41	(c) City or town (If outside city or town limits, write RURA	I and sive town
Unwasity Horje	1.1	Lee .	L and give town)
d Length of stay in hospital or in	et. (yrs., mos., or days) 10-MM4	Street No. (If rural give location)	
(e) Length of stay in Baltimore (yr		(e) If foreign born, how long in U. S. A.)	years
3 (a) FULL HAME James A	tread Junia.		
3 (b) If veteran, name war	3 (e) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH ALLUMIN 6 1939	1020 A.
	(a) Single, married, widowed, or vorced. Single	21. I certify that death accurred on the date above state ed deceased from	ed; that lattends
6 (b) Name of husband or wife			39.
	(c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day		and it was to the big of	111
8. AGE: Years Months Days	lf less than one day	acidose + certial repi paralyes	4004
30	hr. min.	Due to Alate mellities	7
9. Birthplace Mayang			
10. Usual Occupation All -	Aufcounty, and state)	Due to	
11. Industry or business		Other Conditions	
-	Tra. 1	Outer Conditions	
2 2001	unika	(Include pregnancy within 3 months of death)	PHYSICIAN
		Major findings: Of operations	Underline the
14. Maiden Name May	1. Turne,		death should be
15. Birthplace		Of autopey Dialet mellity	charged statis- tically,
16 (a) Informant	Myria	22. If death was due to external causes, fill in the fo	llowing:
(b) Address	024. Ind	(a) Accident, suicide, or homicide	
	Date thereof 12 8 39	(b) Date of occurrence	
(Burial, cremation, or removal)	onth) (day) (year)	(c) Where did injury occur? (City or town) (Coun	
(c) Cemetery or crematory	ell ven ein	(d) Did injury occur about home, on farm, industrial	
Location	of bound con	place? While at work	ι?
18 (a) Funeral director C.	equipolam /a	(e) Means of injust A	
MANAPHORES CILLER	Date Cha	23. Signature Jan 3. Noble	••••
19 a 0 - 130 (b)	Har Le Miss	I midant Cloutel -	JM. D
(Date ree'd by registrar)	Juntary on Minister,	Address William Sex Julia Date sign	ied to

**53607** 

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63607

CERTIFICATI	E OF DEATH
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 608 S. POULDIN S'	Registered No
CITY OF BALTIMORE: (No. 608 5. 608 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	of street and number.) of street and number.) mos. ds. How long in U. S. If of foreign birth?
Length of residence in city or town where death occurred.	If U. S. Veteran specify WAR
2. FULL NAME	St.,
(a) Residence: No(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  1. Color of Race   5. Single, Married, Widowed,	DEC 4 . 19 30
3. SEX 4. Color or Race 5. Single, Marrier or Divorced (write the word) WIDOWED	22. I KERENY CERTIFY, That I ALLII 146
Sa. If married widowed, or divorced HUSBAND of JOSEPH HARTMAN	I last saw herealive on 12/4/39, 19 Death is said to have occurred on the date stated above, at 4/50. PM.
6. DATE OF BIRTH (month, day, year) FER .16 1865  Wears   Months   Days   If LESS than	The principal cause of death and related causes of Outs of enset
7. AGE Years Months Days If LESS than 1 day. hrs. or min.	The principal cause of death and related causes of the Data of onest importance care as follows:  Cardeae asthma.
8. Trade, profession, or particular kind of work done, as spinner.  9. Industry or business in which work was done, as silk mill, eaw mill, bank, etc.  10. Data deceased last worked at this occupation (month and year)  11. EIRTHPLACE (city or town)  12. EIRTHPLACE (city or town)	Other contributory of the of the sea operation performed? NO Date of
	Name of operation
12. NAME  14. BIRTHPLACE (city or town).  (State or country)	What test confirmed diagnosis? Was there an autopay?  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury. 19
15. MAIDEN NAME UNKOWN  16. BIRTHPLACE (city or town) GERMANY	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in publications.
(State or country)  WARY SAUTER DAUGHTER	Specify whether injury occurred
17. INFORMANT 608 S. BOULDIN ST.	Manner of Injury
Place SACREPHEART Date DEC. 6 . 10	Nature of injury  24. Was disease op-lajury in any way related to occupation of decease  His if the same of injury in any way related to occupation of decease  18. His injury in any way related to occupation of decease
18. UNDERTAKER 407 S. WOLFF ST.	(Sleedy J. S. Carkling
DEC 6 - 1939	

VS 3

### BALTIMORE CITY HEALTH DEPARTMENT 131 CERTIFICATE OF DEATH

63608 CERTIFICATE		
PLACE OF DEATH:  ) Baltimore City, Maryland  ) Street address 70 6 E. Bille 17  ) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town State (1f outside city or town limits, write study  (d) Street No. 70 6 (1f fural give location)	Candidate town)
Length of stay in hospital or inst. (yrs., mos., or days)		year
(a) FULL NAME  (b) If veteran, name for 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH PLL. 5 1938	. at 6:65 PM
Sex 5. Color or racy 6 (a) Single, married widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from 7 1938, to Parand that I last saw h 2 alive on Pec. 5	A 17. J. f.
(b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death	2 days
Birth date of deceased (mo., day, yr.)  AGE: Years Months Day If less than one day  10 hr. min.  Birthplace Frederich County, and state	Due to E brains Introlitis	zyear
O. Usual Occupation Faundress	Other Conditions & Lowy My oran	60 18 Mar
12. Name. Pariel H. Filler  13. Birthplace Filler	(Include pregnant within 8 months of death)  Major findings:  Of operations	PHYSICIAN  tinderline ti cause to whis death should charged stati
14. Maiden Name Virginia	Of autopsy	tically.
15. Birthplace  16 (a) Informant M.D. Wory. E  (b) Address 71 C. B. Date thereof (month) (day) (year (month) (month) (day) (year (month) (mont	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (City or town) (City or town) (City or town)	ounty) (State)
(c) Cemetery or crematory NEW CATHERY III  Location  18 (a) Funeral director	place? (Specify type of place)  (e) Means of injury	vork?
(b) Address Button 19 (9) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	23. Signature Co. W. Date Address 4508 Horford Pul Date	M. D. signed/2-5-

1 6.50mm	FICAIL OF BLITTING
(e) Length of stay in Baltimore (yrs., mos., or days)	4 yrs (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME  Annie Bernadett  3 (b) If veteran, name war  No.	20, DATE OF DEATH DESEMBLE 6 1939, at 10 - M
4. Sex 5. Color or race 6 (a) Single, married, v divorced. Widow 6 (b) Name of husband or wife Harry B. Fren 6 (c) If alive, give age	ed deceased from Nev 26 1931, to Wax 6 1939, and that I last saw how alive on home 4 1939.  Immediate cause of death  Duration
7. Birth date of deceased (mo., day, yr.) April 2 8. AGE: Years Months Days If less than 74 7 14 hr.  9. Birthplace Philadelphia Pa (Town, county, and state) 10. Usual Occupation At home 11. Industry or business	one day  min.  Due to  Grand Colapse dur to  Due to Old aga, brigan to  By down about  Other Conditions
12. Name James McDonald 13. Birthplace Philadelphia Pa 14. Maiden Name Anna McDermot	tically
12 - HITPIRI DIDALE INCICUI	22, If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) C 9 19 39b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
Location Reltimore Md  18 a Funeral director Many M. Assura  8 Address 4204 Ridgewood A  19 (a) C 6 - 1939 H	place? (Specify type of place)  (e) Means of injury  23. Signature Wm, nort may  Address B12 & Lample At Date signed \$2/6/4

F 63610

OLIVINI OLIVINI	
I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland	(a) Stated (b) County
b) Street address 1000-W. Morth 've	Beltimore City
(c) Hospital or institution:	ill outside city of town innies, white
	1000-W. North ive.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	THE PARTY SALES
(e) Length of atay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? 111e years
3 (a) FULL NAME Julia Elizabeth ?	Chounell
3 (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20 DATE OF DEATH 255 1935, at 3 5 M
6 a Single married widowed, o	or last all a death occurred on the date above stated; that lattend
4. Sex S. Color or race divorced. Widow	ad deceased from har 2.0/2 1925, to 2013
	and that I last saw has alive on Dec 4 1935.
6 (b) Name of husband or wife James P. McDonnell 6 (c) If alive, give age year	are Immediate cause of death angung Duration
7. Birth date of deceased mo., day, yr.) Aug. 25-1863	
7. Birth date of deceased mo., day, yr.)  8. ACE: Verse Months Days If less than one day	
8. AGE: Years Months Days 76 3 10 XXXXXX mi	
9. Birthplace Beltimore, 'd.  (Town, county, and state)  At Home	Due to
10. Usual Occupation	Other Conditions
11. Industry or business	PHYSICIAN
12 Name Terrence Smith	(Include pregnancy within 3 months of death)  Major findinge:  Underline t
Incland Ireland	Of operations cause to whi
14. Maiden Name '8 ry Smith	charged stat
i reisina	Of autopsy tically.
16 (a) Informant James P. 1's Donnell	22. If death was due to external causes, fill in the following:
16 (c) Informant	(a) Accident, suicide, or homicide
(b) Address 307-Winston Ave.	(b) Date of occurrence
17 (a) Burisl (b) Date thereof (month) (day) (ye	(c) Where did injury occur? (City or town) (County) (State
(c) Cemetery or crematory ev. Ca thecal	(d) Did injury occur about home, on farm, industrial place, in pub
Baltimore. S.	place? (Specify type of place) While at work?
Location Che - 721 th Suth Inc.	(e) Meana of injury
18 (a) Funeral director	23. Signature Herry & Hill M. D.
(b) Address 1705-49 rford Ave.	and the algorithms
19 (2) (Pare 1020 registrar)	Address 3 )

VS 4

CERTIFICATE	E OF DEATH	
PLACE OF DEATH: Baltimore City, Maryland Street address 5/2 South ann. Street Hospital or institution: Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State had (b) County Balling  (c) City or town Ballinger  (If outside city or town limits, write RURAL  (If outside city or town limits, write RURAL  (If rural give location)	and give town)
Length of stay in hospital or inst. (yrs., mos., or days)	e If foreign born, how long in U. S. A.?	year•
b If veteran, name was a Social Security Account No. ho  Sex 5. Color or race 6 a Single, married, widowed, or divorced  Name of husband or wife	MEDICAL CERTIFICATION  20. DATE OF DEATH December 5  21. IHEREBY CERTIFY, That book charge of the remaining thereon and from the control of t	nains described
Birth date of deceased mo, day, yr  AGE: Years Months Days If less than one day  hir min	Immediate cause of death  Coronary Ocalusia	Duration
O. Usual Occupation Curpenter  1. Industry or business Repair work	Due to	
12. Name Unknown 13. Birthplace Paland 14. Maiden Name Unknown	Other Conditions  (In luce pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline the
15. Birthplace Palant 16 (a) Informant antonina Howkowski		denth hould le harged stati
17 (a) Date thereof (hay) (year Cemetery or crematory of Sanislans  Location Gallinjone mod (see	(d) Date of occurrence (c) Where did injury occur? (d) Did injury occurabout home, on farm, industria	ounty) (State) al place, in pub
18 Funeral director Step & Weber.  18 Aday 305 & ann Struct  1- With authorized Resisterar	(Specie type of place)  (a) Means of injury  23. Signature  Date signed Lee 6 02, 1535  Medical Examin	her_ M

## 50661 - RB BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

fr 68612

CERTIFICATE	OF DEATH	
AR AR AR AR I	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State Md. (b) County	
(b) Street address 4940 Enatern Ave. (c) Hospital or institution:  Baltimore City Hospitals (d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days	Baltimore  (c) Street No.  Baltimore  (If outside city or town limits, write RURA  597 Baker St.  (If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Brime Jackson	MEDICAL CERTIFICATION	
3 (b) If veteran, name war  No.	M BATE OF DEATH /2-6 1937	2304 M
4. Sex 5. Color or race divorced. Widowed, or divorced. Widowed	21. I certify that death occurred on the date above stat	ted; that lattend-
6 (b) Name of husband or wife Warren - dead 6 (c) If alive, give age years	and that I last saw her alive on.	Duration
7. Birth date of deceased mo., day, yr.) Feb. 18, 1878  8. AGE: Years   Months   Days   If less than one day	maningitie and Caverans	several days
9. Birthplace Virginia (Town, county, and state) 10. Usual Occupation House Work 11. Industry or business	A A A A	PHYSICIAN
12. Name Richard Fauntleroy (dead) 13. Birthplace Virginia	Major findings: Of operations Obscess of fall	Underline the cause to which death should
14. Maiden Name Lizza White [dead]	Of autoney 200	charged stati
15. Birthplace Virginia Records	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide	following:
(b) Address Balto City Hospitals	(b) Date of occurrence	
(c) Cemetery or cremators and a company (day) tyes	(c) Where did injury occur?  (d) Did injury occur about home, on farm, industres place?  (Specify type of place)	ounty) (State) in place, in pub work?
18 (n) Funeral director of hos . E. Kellus	Mans of injury Killon Severa fi	M. D.
19 ket C 2 de res (b) the thington Millians	Address of Cty 4049. Date	signed 2-6-2

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address 938 7. Bilmor 87	(a) State Md (b) County Ballomore
of the state of th	12 1
(c) Hospital or institution:	(If outside city or town-limits, write RURAL, and give town)
	(d) Street No 438 N Selmot St
(d) Length of etay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Faunie Skinker	
3 (b) If veteran, name war (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Dec 5 1939, at 24. M
4. Sex 5. Color or race 6 (a) Single, married, widowed or divorced.	21. I certify that death occurred on the date above stated; that lattend-
Jemale Colored Wadowel	ed deceased from Oct 2 1939, 10 Dec 5 1939.
6 (b) Name of husband or wife back Abunhan	and that I last saw here alive on Dec 5 1939.
6 (e) If alive, give age years	Immediate cause of death
7. Birth date of deceased (mo., day, yr.) fifril 19 1894	Cerebral Transfer.
8. AGE: Years Months Days If less than one day	Due to Garpertension
45 hr. min.	Due to Garper Cerrore
9. Birthplace Newcos C., Vincural (Town, county, and state)	Due to.
10. Usual Occupation Domestice who 6000	
11. Industry or business	Other Conditions
12. Name John Robinson	(Include pregnancy within 3 months of death)
13. Birthplace U4	Major findings:
14. Maiden Name Joseph Jones	Of operations cause to which death should be
15. Birthplace Ua.	Of autopsy tically.
	22. If death was due to external causes, fill in the following:
(b) Address 938 N. pilmor	(a) Accident, suicide, or homicide
	(b) Date of occurrence
17 (a) (b) Date thereof (month) (day) (year)	(c) Where did injury occur?
(c) Cemetery or crematory	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
Location V C	place? While at work?
18 (a) Funeral director	(Specify type of place)
(b) Address, 203 Franch	23. Signature
1967 = 100 strate (b) ft time ton Hill Beginstary	Address # 3 4 & 23 0 Date should 12/0/89

63614 HEAL	TH DEPARTMENT	T—CITY OF BALTIMORE 63614
	Finai Hosdin	St. 10 - 2 (If death occurred in a hospital or institution, give its NAME instead
2. FULL NAME Plas (a) Residence: No	lifs Mukelso 1436 E. Monume (Usual place of abode)	of street and number.)  mos. ds. How long in U. S. If of foreign birth?  If U. S. Veteran  specify WAR  St., Ward.  (If non-resident give city or town and State)
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. Color or Race White	5. Single, Married, Widowed, or Diverted (write, the word)	21. DATE OF DEATH (month. day, year) 2/7/37, 19  22. 1 HEREBY CERTIFY, That I attended decensed from 11/20/37, 19, to, Cleatte 19.
5a. If married, widowed, or divor- HUSBAND of (or) WIPE of	etta	I last saw h alive on 12/2/39, 19 . Death is said
6. DATE OF BIRTH (month, day,	year)	to have occurred on the date stated above, at 130 B. 11
7. AGE Years Mont	hs Days If LESS than 1 day, hre.	importance were an John War:
S. Industry or business in the work was done, as silk mi saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	III. Total time (years) apent in this procession occupation	Other contributory course of importance:
12. BIRTHPLACE (city or town). (State or country)	mulelson	Was an operation performed! Date of
12. NAME  14. BIRTHPLACE (city or too (State or country))  15. MAIDEN NAME  16. MAIDEN NAME	y Lussman	Name of operation  What test confirmed diagnosis? Was there an autopay?  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or to	m) Pussey	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
15. INFORMANT // STATE	. (pecords	Manner of lajury
18. BURIAL, CREMATION, OR  Place  19. UNDERTAKER  Address  20. FILED	Seuro Pres 87 19 10 the ton Williams, Me.	Nature of injury  24. Was disease or injury in any way related to open the of deceased?  (Signed)  (Address)  (Address)
to formal feem	uty# 018-03-	

	2. USUAL RESIDENCE OF DECEASED:	10
PLACE OF DEATH:	(a) State M 1 (b) County Balls.	culy
Baltimore City, Maryland  Street address Madison o Linden	Balting, Md	
Street address // Kullow	(c) City or town (If outside city or town limits, write RURA)	and give town)
Hospital of institution	1 3121 Trestury	of
Muchand Senew	(If rural give location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)  () Length of stay in Baltimore (yrs., mos., or days)  H5  Y	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME Thomas Vernoy	MEDICAL CERTIFICATION	
James I nome	unt	м м
(b) It veneral, name / 21/-15-8147	THE OF BEATH TO THE STATE OF TH	-debat lattend-
a la maried widowed	1 . I late above at a	5/34 19 .
divorced.	12 15 13 719 . 10 /	The second secon
Win Vernal	A I lat a llast saw h / // allve on	Duration
6 (b) Name of husband or wife 6 (c) Halive, give age 6 5 ye		
0 1.1.07	4 hemorres	
7. Birth date of deceased (mo., day, yr.) 1 less than one day	Tunin	
P ACE. Years Months	min. Due to	
65 46 321 30	7	
9. Birthplace Caralle	Due to	
modern	Other Conditions	
10. Usual Occupation 11. Industry or briginess James Through Ser		PHYSICIAN
- Vingel	(Include pregnancy within 3 months of	Underline th
12. Name \$ 1.65. 61	Major findings: Of operations	death should t
13. Birtiplace	Of operations	harwest stati
14. Maiden Name V. Elizabuth John	Of autopsy	tically
15. Birthplace	22 16 Josep was due to external causes, fill in th	e following:
11 TOTAL HI (IOVIC)	(a) Accident, suicide, or homicide	
16 (a) Informant William 3317 St Baul		***
(b) Address (b) Date thereof Ouf-8-	27 J.	County) (State
17 (a) Hurial, cremation of removal Woodlaws	Dillimoscur about home, on farm, indue	trial place, in put
(c) Cemetery or compatory 2000 Cemetery or compatory		work?
Location Southaum 2018 DA	(Specify type or post)	
	(e) Means of injury Tawfulus	nth
(b) Address (K, r. Edduch adu.) 168 H, NORTH AYER.		M. D.
(b) Address (b) Fo Books San Hills	Address Md Dea. ( Val & Dat	le signed 1 7 24
19 (a) (Date resider registrar turting for fritalities	Address	
Day Joseph Committee of the Committee of	Marie Committee of the	

## CERTIFICATE OF DEATH 53 P

### F 63616

Registered No.

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  2) Baltimore City, Maryland  421 N. Exter Street  () Hospital or institution:	(a) State  (b) County  Faltinore  (c) City or town (If outside city or town limits, write RURAL  Arstreet No. 421 No. Exter Street  (If roral give location)	, and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)  e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	S • years
(a) FULL NAME Georgia Campisi Rubino	CERTIFIC ATION	
3 (c) Social Security Account No.	THE OF BEATH	9.30P <sub>M</sub>
4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Vidov	21. I certify that death occurred on the date above state of 10/15 19 39 to 12 and that I last saw   6r alive on 12/6/	6/ 19 39 39
6 h Name of husband or wire 6 c If alive, give age years		?
7. Birth date of deceased mo., day, yr.) April 23, 1857.  8. AGE Years Months Days If less than one day  82 7 13 hr. min	Due to	gold
9. Birthplace Caccamo, Italy.	Due to	
10. Usual Occupation	Other Conditions	PHYSICIAN
11. Industry or business  12. Name John Campisi  13. Birthplace Italy  14. Maiden Name Posalia Cossello	(Include pregnancy within 3 months of death)  Major findings:  Of operations	t nderline the cause to which death should be charged statis- tically
15. Birthplace  16 (a) Informant  1 Address  17 (a)  (Burisl, cremation, err moval)  (c) Cemetery or crematory  2 Ashington, D.  Location  18 (a) Funeral director  (b) Address  18 (a) Funeral director  (c) Address  18 (a) Funeral director  (b) Address  18 (a) Address  18 (b) Address  18 (c) Funeral director  (c) Cemetery or crematory  (d) Cemetery or crematory  (e) Cemetery or crematory  (f) Cemetery or crematory  (g) Ceme	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industry place?  (Specify type of place)  (e) Means of injury  23. Signature  Address  Address  Address	ounty) (State) iał płace, in publi vork?

### MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baitimore

13617

1 PLACE OF DEATH Me Mean are, Baltimore

(b) City or town B stance, and

C Street alder, hospital, or institution

1730 mc ) cean are.

### CERTIFICATE OF DEATH

Reg. DIE No 63617

2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State Mit: (b) County Ballimore, song 1 (d) Street No 1735 74 ( Xean an MEDICAL CERTIFICATION 20 Date of death 12 6 199, at 9 M 21. I certify that death occurred on the date above stated, that I attended deceased from 1237, 10 2 6 143 and that I last saw ham alive on 12 6 193 Immediate cause of death ..... Due to Kryper una io PHYSICIAN Underline the Major findings cause to which Of operations death should be charged statisti-Of autopsy 22 If death was due to external causes, fill in the following: a Accident, suicide, or homicide b) Date of occurrence (c) Where did injury occur)

(d) Length of stay in hospital or inst (yis, mos, or days) \_\_\_\_ (e) Length of stay in this community (yra., mos., or days) Lmo, 18 dyrae) If foreign born, how long in U.S. A. I anie Martha 3 b If veren name War 3 (c) Social Security 5 Color ograce 6 (a) Single, married, widowed, or 6 (b) Name of susband or wife Charles Edw, Butter 7. Birth date of deceased (mo., day, yr) ling, 31, 186 If less than one day 8 AGE Yers Months Hudging Saint Michaels, and 11. Industry or business 12 Name Edward I mes 13. Birthplace Jabbot, Country 14. Marden Name Elin gletty Fr, Marchal to a Informant Edward 1) Addin 1735 mc lean are. Ballo (b) Date thereof Dec. 9,1939 (d) Did injury occur about home, on farm, industrial place, in public Cemetery of gematory mt. Olivet place? \_\_\_\_While at work? \_\_\_\_ Location 35, michael 18 a Funeral director William Berryman & Sine e Means of injury --(6) Address Pleaters tirin I md. 23. Signature Pate signed/2, 6 29 the to Williams, Miss.

F 63618  BALTIMORE CITY HE  CERTIFICATE	E OF DEATH JOHN Registered No	3618
b) Street address 8 & Kresson 36  C) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Md (b) County Ball  (c) City or town Ballication  (if contride city or town limits, write Rt R)  (d) Street No. 8 S Russon	Ai, and give town)
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yenr•
3 (a) FULL NAME  Octon	MEDICAL CERTIFICATION  20. DATE OF DEATH Sec 5 1907	y at 8 am
4. Sex 5. Color or race 6 (a) Single married, widowed, or divorced. Married  6 (b) Name of husband or wife Virgine fraction  6 (c) Valive, give age years  7 Birth date of deceased mo., day, yr april 5-1880  8 AGE: Years Months Days If less than one day  hr. min.  9 Birthplace fraction  10. Usual Occupation	21. I certify that death occurred on the date above stated deceased from 1931. to and that I last saw have alive on lamediate cause of death for the last saw have a last saw have have a last saw have a last saw have have have have have have have have	ated; that lattend-
11. Industry or business  12. Name Down Enon  13. Birthplace Canada  14. Ma den Name Down Russ	Other Conditions  (Include pregnant) within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline the cause to which a hould be charged and tically.
15. Birthplace  16 Informant M. 15 Sadie Rec  16 Informant M. 15 Sadie Rec  17 In Dunial Date thereof Dec 7 IT  17 In Dunial cremation, or removal MT Carull  (Cemetery or crematory MT Carull  Location  18 In Funeral director  (b) Address 2 9 8 Orleans  19 In Salitation  10 In Salitation  11 In Salitation  12 In Salitation  13 In Salitation  14 In Salitation  15 In Salitation  16 In Salitation  17 In Salitation  18 In Salit	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, inclusing place?  (Specify type of place)  (e) Means of injury  23. Signature  Address  Date	e following:

63619 CERTIFICATE OF DEATH 920 Registered No. F 63619 2. USUAL RESIDENCE OF DECEASED: (a) State Mid (b) County B alts 1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 5.62 5 anthony are Balturior C.City or town d Street No. 5625 authory One e Hospital or institution: d Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? e Length of stay in Baltimore yra, mos., or days ohn august Schorr MEDICAL CERTIFICATION 3 FULL NAME 3 (c) Social Security Account 20. DATE OF DEATH SEC 59 1937, at 2 PM 3 b If veteran, name was 21. I certify that death occurred on the date above stated; that lattended deceased from to to to 1939, and that I last saw he solive on 4. Sex 5. Color og race 6 11 Single, married, widowed, or divorced. We down Whole 6 1 Name of husband or wife Elizabeth Schor 6 c If alive, give age - years Immediate cause of death Aly bo state fremond 7. Birth date of deceased mo, day, yr Mar 15 - 1854 Ore 2 39 Due to Chy one Talmer Hank 8 AGE: Years Months Days If less than one day 44 8 20 Due to artin's Econo Baltimore 9. Birthplace - gar maken 10. Usual Occupation Other Conditions PHYSICIAN II Industry or business clinclude a regrance within 3 month of disch-Underline the Major findings: 12. Name enuer to which Of operations ienth he d be 13 Birthplace harged - 4tically. Of autopsy 22. If death was due to external causes, fill in the following: 15 Birthplace 16 a Intertains Mogdalin (a) Accident, suicide, or homicide - anthony an (b) Date of occurrence. Address Burial 16 Date thereof Dec 8 (c) Where did injury occur? (County) (d) Did injury occur about home, on farm, industrial place, in public While at work? Cemetery or crematory 13 attrustu (Specify type of place) I when Ulles ch (e) Means of injust the Sauce 18 a Funeral director 1200 Stelleaus 23. Signature (b) Address (Date my M by registrar)

## CERTIFICATE OF DEATH 10 7 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Marked (b) County	
(b) Street address	O 14	
C Hospital or institution:	(If outside city or town limits, write RURAL and give town)	
Church Home and Pyrimany !	1) Street No. 30 25 E. Baltimine St.	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days) 42 71	(e) If foreign born, how long in U. S. A.? years	
3 (a) FULL NAME Elscie 1	Ree 1	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH DEC 7, 1939, at 1 AM	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-	
Finale white divorced married	ed deceased from Mrs 27 1939, to Gar. 7 1939,	
6 b Name of husband or wife Joseph S. See	and that I last saw h Cr alive on Dec 7 1937.	
60c) If alive, give age years	Immediate cause of death	
7. Birth date of deceased (mo., day, yr.) 60 24, 1897	Jobular Chemma	
8 AGE: Years Months Days If less than one day		
42 / // hr. min.	Due to	
9 Birthplace Baltimal, md.		
(Town, county, and state)	Due to	
10. Usual Occupation Naishwift	as a ser by the the change	
11. Industry or business	Other Conditions Walter Lange Classes of The Conditions	
12. Name David Hughts 13. Birthplace Wals.	(Include pregnancy within 3 months of death)	
13 Birthplace Wales	Major findings:	
# 14 Maiden Name Jane Davis	Of operations cause to which death should be	
//	multiple Line absences charged statis-	
15. Birthplace	Of autopsy toleran Production file all file	
16 (a) Informant Ma joseph J Lee	22. If death was due to external causes, fill in the following:	
1) Address JO23 & Walkings, ST.	(a) Accident, suicide, or homicide  (b) Date of occurrence	
17 a Burial or removal (month) (day)	(c) Where did injury occur?	
(c) Cemetery or crematory Loudon Park	(City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public	
Location Baltimore	place? While at work?	
1 / (111 )	(Specify type of place)	
To all the same of	(e) Means of injury of the	
(b) Address 2007, aslegues	23. Signature	
Tate record resistrar) of hutting or Milliaus M.P. Revisirar	Addres Chill Hone Y Date signed 12-6-39	

### F 63621

	n cocc	1
, _	F 6362	-
-0	Registered No	
X		

OLIVIII IOAVI	E OI BEATTO
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Find (b) County
(b) Street address glelleene + Caton au	+
(c) Hospital or institution:	(c) City or town Ballle 2002 A C. (If outside city or town limits, write RURAL and give town)
A agner Hopelal	
	Street No. 41/2 Hulrad ave
	The same of the sa
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
	une Baker
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. No.	20. DATE OF DEATH /2 - 4 1939, at 50 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattend-
Perale Mate divorced.	ed deceased from / 2 - 3 1939, to /2 - 4 1939.
6 (1) Name of husband or wife Henry Baleer	and that I last saw het alive on 12 4 19 39.
6 (c) If alive, give age years	Immediate cause of death Hypertensie Duration
7. Birth date of deceased (mo., day, yr.) Jan. 1-1968	c-v disiste with
8. AGE: Years Months Days If less than one day	decorpersation
21 11 3 ler. min.	men adenouncement
9. Birthplace Ballymore maryland	1 body outions with
(Town, county, and state)	Durch mederateric
10. Usual Occupation A account	metistisis.
III. Industry or business	Other Conditions
12. Name Seary Haffer	(Include pregnancy within 3 months of death)
13. Birthplace Mercencey	Major findings: Underline the
	Of operations
14. Maiden Nammasqueet Schlinung 15. Birthplace	Of autopsy Partial Con Healty
16 (a) Information. Havery Baker	22. If death was due to external causes, fill in the following:
(b) Address 4/12 Walrad are	(a) Accident, suicide, or homicide
17 (a) Varial (b) Date thereof 12 - 7-39	(b) Date of occurrence.
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory Woodlaws	(d) Did injury occur about home, on farm, industrial place, in public
Location Woodleans Leaney land	place? While at work?
18 (a) Funeral director 7. B Wipper + Sac	(Specify type of place) Means of injury
(b) Address 180 . Ent any Weggs	Signature James M. Cranis
19 (a) VLC ? - 1990 thuttington Millians	M. D.
Date rec'd by registrative	Addy SI James Hayschard signed 12-4-57
200	

63622

## CERTIFICATE OF DEATH

F 63622 Registered No.

CERTIFICATE		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State M. A (b) County Ballo	),
Baltimore City, Maryland Street address Madison & huidsnews	(a) State pure R. Office	
sund aldress places on & naight	City of town	and give town)
Hospital or institution:	Street No. 2240 W. Ballo. of (If rural give location)	1
Manford Jeweral Herf.	Street No	-
mos or date		Veatt
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
I enoth of stay in Baltimore lyrs, mos, or	Laugaret K. Jued	en b
	* Mangaret K. Miles	
Jus Margares Mediene	TARRICAL CENTIFICATION	
16) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH 12/6 1939	at / M
	20. DATE OF DEATH  21. I certify that death occurred on the date above state	d; that lattend-
4. Sex 5. Color or tace 6 (a) Single, married, widowed, or		
Sex Sex While divorced. Married	ed deceased from 12/6 19	39.
	ed deceased from 1 alive on 12/6. 19	Duration
6 (6) Name of husband or wife Safety to 18 years  Frank, 6 (c) If alive, give age — years		
	myseordial chauff.	
7 Birth dute of deceased mo., day, yr. De	13	
6 AGE1 Years Months Days	Due to Carrent	
77 hr. min	Buckey 1	
and germany	Due to	
9. Birthplace (Town, coolty, and state)	Other Conditions Possible Terrieris,	1
10. Usual Occupation here &	Other Conditions Omuse of	- ours
	Incumonomica death	PHYSICIAN
12. Name Gorge Raiser		Underline the
E 12. Name	Major findings:	eause to which
13. Birthplace German	Of operations	charged statis
13. Birthplacy Stathering Jegers		tically.
	Of autopsy  22. If death was due to external causes, fill in the	following:
III I J, Directory	22. If death was due to external causes	
16 (1) Intellero. J. M. Meddicera	(a) Accident, suicide, or homicide	
Address 27 HI. W. 10	(b) Date of occurrence	
b Date thereof 1 10 0	(c) Where did injury occur? (City or town)	ounty) (State)
17 a (month) (month) (month) (month)	(d) Did injury occur about home, on farm, industri	al place, in pub.
Cemetery or crematory	11	rork?
Balto hua.	(Specify Gyre or par	1
I. B. Wepper 73	(e) Means of injury	1
18 a Superal director	23. Signature	12/1/2
(b) Abarress Harris + William	Many and Quela House	signed 7973
19 (a) AS COMMANDED Throatenant Resident	W. A. Maries Property of the Control	
De South by Fristrate		

### · F 63623

CERTIFICATE OF DEATH 12 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	(b) County	
(a) Baltimore City, Maryland W Mulley	(a) State / 11. J. County	
b) Street addiess	(c) City or town	don town)
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and s	tive temp)
· · · · · · · · · · · · · · · · · · ·	d Street No.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
	(e) If foreign born, how long in U. S. A.)	yeare
(e) Length of stay in Baltimore (yrs., mos., or days)		
3 (a) FULL NAME Lucy Thomas	MEDICAL CERTIFICATION	
3 b) If veteran, name war 3 c) Social Security Account		70 a.
5 6) If Veteran, name was	20. DATE OF DEATH COC 6 19 2.7. a.3	
4 Sex   5. Color or race   6 (a) Single married, widowed, or	21. I certify that death occurred on the date above stated; the	at lattend-
The Ool divorted angle	ed deceased from	19/
1864	and that I last saw h alive on 6 19	<i></i>
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death	Duration
	Marches Homenhar	40
7. Birth date of deceased (mo., day, yr.)	Course ( farming 4	DU-
8. AGE: Years Months Days If less than one day	Due to	
15	Dae to	
northumbuland Co. Va	Due to	
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	
11. Industry or business		HYSICIAN
MI SINGHAUN	(Include pregnancy within 3 months of death)	
12. Name	Malor mange.	Inderline the
13. Birthplace	Of operationsder	ath should be
14. Maiden Name Chuning Yearns		arged statis-
	Ot autopsy	ally.
15, Birthplace	22. If death was due to external causes, fill in the follow	ring:
16 (a) Informant John 12	(a) Accident, suicide, or homicide	
(b) Addrew U1622 & Garrer or	(b) Date of occurrence	
( Date thereof HUN )	Y ( WII did injury occur)	(State)
(Burial, cremation, or removal) (month) (day) (year	(c) Where and injury occurry (City or town) (County)	
(c) Cemetery or crematory Mt Cumbuln	(d) Did injury occur about home, on farm, industrial place	
	place) While at Work!	****
Location n. Note Rhylliam	1 1 1 1 1 1 1 1 1	
18 (a) Funeral director Mo Auto	(e) Means of injus	
(b) Address 522 A Schrocky Nr	23. Signature	17-20
10 DICO 7 - 1939 Ht tin ton Milliaus, My	Address My Company Thate signed	11/1
Date med by medicar	NI	11

F 63624 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT 2 Registered No.  2. USUAL RESIDENCE OF DECEASED:	324
b) Street address c) Hospital or institution	(c) City or town (ff quitable city or town timits, write RUMAL)  (d) Street No. (ff guitable city or town timits, write RUMAL)	and give (own)
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.)  MEDICAL CERTIFICATION	year
3 b) If veteran, name war  No.  4. Sex  5. Color or race divorced. Married, widowed divorced.	20. DATE OF DEATH  21. I certify that death occurred on the date above state ed deceased from  19  19  19  19  19	704/
7. Birth date of deceased (mo., day, yr.)  Months Days If less than one de	years Immediate cause of death  Ay Carbon Street St	6 mark
9. Birthplace (Town, county, and state)	Due to  Other Conditions	
10. Usual Occupation 11. Industry or business  12. Name W 13. Birthplace Custers Sure	(Include pregnancy within 8 months of death)  Major findings: Of operations	tinderline the cause to which death should be charged statis-
14. Maiden Name  15. Birthplace  16 (a) Informant  (b) Address  18 Brunk At.	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	
(b) Date thereof New (month) (discontinuous)  (c) Cemetery or crematory  (d) Date thereof New (month) (discontinuous)	(d) Did injury occur about home, on farm, indust place?  (Specify type of place)  (e) Means of injury	rial place, in public
18 (a) Funeral director Mrs Nature Of Williams  (b) Address 22 1 - Schroeder  19 (a) The regularity  19 (a) The regularity	23. Signature  Address  Address	e aigness

F 63625 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 947 Registered No. F 63625 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) Baltimore City, Maryland 1) Street address 130 Jack son Place elf out ide city ir town limit . wr te c Hospital or institution: Street No. 130 d Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? 30 (e Length of etay in Baltimore yrs., mos., or days) 30 yrs. 3 a FULL NAME MEDICAL CERTIFICATION 1957 at 719. M 20. DATE OF DEATH / 2 - 6 3 h If veteran, name war 21. I certify that death occurred on the date above stated; that I attend-5. Color of race 6 (a) Single, married, widowed, or ed deceased from april-151937 to Dec-5 1939. and that I last saw h Cralive on Des -5 1937 6 h Name of husband or wife Immediate cause of death 6 c If alive, give age 70 years - pronary 7. Birth date of deceased mo., day, yr If less than one day 8 AGE: Years Months 70 Tussia Due to 9. Birthplace 10 Unual Occupation House Works Other Conditions PHYSICIAN 11. Industry or business clinclude pregnancy within 8 months of death) I nderline the 11 orman Major findings: ause to which 12. Name Of operations teath should be 13 Birthplace harged tatls-14 Maiden Name Hackar Of autopsy 22. If death was due to external causes, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide 16 a Informant (b) Date of occurrence. 1 Address b Date thereof /2-(c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public Moseda While at work? (Specify type of place) (e) Means of injury 18 a Funeral director Jack b Address

63626

VS 3

# 

CERTIFICA	TE OF DEATH	
PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 947 M. Welfe St.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECLASED:  (a) State	and give town)
3 (a) FULL NAME Catella Cole 3 (b) If veteran, name war No.215-18-8459		at PP.M
1. Sex   5. Color or race   6 (a) Single, married, widowed divorced Willows	ed deceased from 00 5 1939, to New and that I last saw he alive on Nec 1 19	9 3 9 . Duration
7. Birth date of deceased (mo., day, yr.) 10/16/189.  8. AGE: Years Months Days If less than one day	min. Due to	6 months
9. Birthplace Baltimore, Ma.  10. Usual Occupation	Other Conditions	PHYSICIAN
11. Industry or business Action  12. Name William Bantant  13. Birthplace  14. Carroll	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the cause to which death should be charged statistically.
14. Maiden Name 15. Birthplace 16 (a) Informant  17. Algert	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	
(b) Address Warner (b) Date thereof (month) (day)  (c) Cemetery or crematory M. Carry		ounty) (State) ial place, in publ work)
Location  18 (a) Funeral director 1304 M. Central  (b) Address 1020 H. tax Williams	(e) Means of injury alvin B. & Com 23. Signature Calvin B. & Com 24. Date	ple 12/6/
Date rec'd by registrar! Regi	Address III	

BALTIMORE CITY HEALTH DEPARTMENT BODOS 5D IT G3627

CERTIFICATE OF DEATH

63627 CE	RTIFICATE OF BEATT 100
OF OF DEATH.	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  (1) Baltimore City, Maryland (2) Street address (3) Hospital or institution: (3) Baltimore City Hospitals	(a) State M.ryland (b) County  Baltimore  (c) City or town (lf outside city or town limits, write RURAL and give town (lf rural give location)
d) Length of stay in hospital or inst. (yrs., mos., or e) Length of stay in Baltimore (yrs., mos., or days	Y 1 Ca year
(a) FULL NAME Annie Webster	MEDICAL CERTIFICATION
	Security Account 1939, at 11301
4. Sex   5. Color or race   6 (a) Single, marr divorced. Man	mulad 11
6 (b) Name of husband or wife Simon We 6 (c) If alive, give	we age years   Immediate cause of death   Source
7. Birth date of deceased this days  8. AGE: Years Months Days If less hr	than one day
9. Birthplace Beltimore (Town, county, and s	Other Conditions anterosderons
11. Industry or business  12. Name Robert Gibbs (d)  13. Birthplace	Cinclude pregnancy within 3 months of death)  Major findings:  Of operations  Cinclude pregnancy within 3 months of death)  Underline cause to within 3 months of death should be caused by the death should
14. Maiden Name ? 15. Birthplace ?	Of autopsy
16 (a) Informant Records (b) Address Baltimore City Hosy  17 (a) Burial (b) Date thereof (Furial, cremation, or removal)  (c) Cemetery or crematory MA A  Location Location A A  18 (a) Funeral director MA A. A, E	(a) Accident, suicide, or homicide.  (b) Date of occurrence

# CERTIFICATE OF DEATH



1 BLACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH: (a) Baltimore City, Maryland	Md.
(b) Street address 916 Ashburton St,	(a) State (b) County  Baltimore
C Hospital or institution:	(c) City or town (If outside city or town limit, write RURAL and give town)
	d Street No. 916 Ashburton St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	d Street No. 910 ASIDUITOR St.
	(e) If foreign born, how long in U. S. A.? years
Length of stay in Danimore Tyre, most of day	
Bunyon T. Hayden,	11001011 000THD 17101
3 (b) It veteran, name wat 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DOCOMBOR 6 19 39 at 8A, M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 Least by that death occurred on the date above stated; that lattend-
Male White divorced Married	ed deceased from Wor 8 1939, to Tel 6 1937.
6 th Name of husband of wife Nola Hayden,	and that I last saw houghlive on the 5 19 39.
6 c II alive, give age - 7 years	Immediate cause of death
7. Birth date of deceased mo., day, yr June, 12:1871	largeral Semonkage 26 day
8 AGE: Years Months Days If less than one day	Ma ( M. form)
68 5 24 hr. nin.	Due to Chillian William
9. Buthplace Virginia (Town, county, and state)	Due to
Tometon	
10. Usual Occupation Janicor  11. Industry or business B & O R.R. Building	Other Conditions
E 12. Name Samuel Hayden,	(Include pregnancy within 8 months of death)
IZ. Name Vincinia	Major findings: Und rime the
Z 13 Birthplace Virginia	Of operations.
14. Maiden Name Alice Efford	Of autopsy Wal Xaul finally.
15. Birthplace Virginia	22. If death was due to external causes, fill in the following:
16 a Informant Mrs Nola Hayden,	22. If death was due to external causes, in in the following.  (a) Accident, suicide, or homicide
Address 916 Ashburton St	(a) Accident, suicide, or nonnetice.
17 (a Burial (b) Date thereof 12-9-39 (month) (day) (year)	When did injury occur)
(ifurial, cremation, or removal) (month) (day) (year)	
Location Northumberland Co. Virgini	a place? While at work?
Location NOT CITATION TANK	
18 a Funeral director 2700 Edmondson Ave	23. Signature Jacken & Make Fract
19 (a) as 1200 the to William Roder	Address 19 19 Suplace You Date signed 19/1/20
Datom All state of the Live dies	

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# BALTIMORE CITY HEALTH DEPARTMENT



F 63629

GBG29 CERTIFICATE	E OF DEATH	
	PERMIT PERMITS OF DECEASED:	0
. PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address 1,502 E. Baltimore St.  c) Hospital or institution:	(a) State Md. (b) County Baltimor  Baltimore  City or town Baltimore write RURAL	and give town)
<u> </u>	(d) Street No. 1502 B. Ball (if rural give location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	8 (e) If foreign born, how long in U. S. A.?	years
A STILL NAME		
Domenico Caro Social Security Account 3 (b) If veteran, name war 3 (c) Social Security Account	OF DEATH	arno P. M
4. Sex   5. Color or race   6 (a) Single, married, widowed, or   Male   White   divorced.   Wid.  6 (a) Single, married, widowed, or   Wid.  6 (c) If alive, give age   year   6 (c) If alive, give age   year   7. Birth date of deceased (mo., day, vr.) Jul. 2 1862  8. AGE: Years   Montha   Days   If less than one day   hr.   mis   1 taly    9. Birthplace   (Town. county, and state)   10. Usual Occupation   none   11. Industry or business   12. Name   Pasquale Culotta   Cefalu   Italy   13. Birthplace   Cefalu   Italy   14. Maiden Name   Crocifissa Luboi   Italy   14. Maiden Name   Crocifissa Luboi   Italy   14. Maiden Name   Crocifissa Luboi   Italy   Ital	21. I certify that death occurred on the date above state ed deceased from dec. 1, 1938, to ed deceased from dec. 1, 1938, to and that I last saw h invalive on Acc. 6, 19 Immediate cause of death Distriction  Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline the cause to which death should be charved statistically.
15. Birthplace  Rosario Culotta  16 (a) Informant 37 S. Caroline St.  (b) Address  17 (a) Holy Redeemer (b) Date thereof Dec. 41 (month) (day) (your content of the content	ear) (City of Cont)	ounty) (State) al place, in publi

HEALTH DEPARTMENT—CITY OF BALTIMORE 63630 CERTIFICATE OF DEATH Registered No. .... dylwood 1. PLACE OF DEATH (If donth necurred in CITY OF BALTIMORE: (No. 6000 Bellona Rue St. a hospital or Institution, give its NAME instead of street and number.) 2 FULL NAME MIS Rebacca Day specify WAR (a) Residence: No. 2/12 Warren Arc. St., Ward. (If non-resident give city or town and State) tiloual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, or Divorced (write the word) Widowed 4. Color or Race 22. 1 HEREHY CERTIFY. That I attended deceased from 3. SEX whi te Female . 19 39 to Slee 6 I last now hE4 alive on Lea 6/39 . 197 f. Death is said 5a. If married, widowed, or diversel HISBAND of (or) WIFE of Beni Benjamin Day to have occurred on the data stated above, at & A.m. June 10, 1852 The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of enset If LESS than Days Months 7. AGE Years I day .... hrs. throwie Hyosandtis 26 or min. 8. Trade, profession, or particular kind of work done, as spinner, None sawyer, bookkeeper, etc. 9. Industry or business in which Other contributory causes of importances work was done, as silk mill, now mill, bank, etc. 11. Total time (years) 10. Date deceased hat worked at spent in this the occupation (mouth and occupation 12. BIRTHPLACE (dty or town) New Was an operation performed! (State or country) For what disease or injury? Not Known 13. NAME Name of operation What test confirmed dia floris W s there an autor y? ho 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town) Not Known (State or country) 15. MAIDEN NAME Not Known (Specify city or town, county, and State) Where did injury occur?.... 16. BIRTHPLACE (city or thiwn) Specify whether injury occurred in industry, in home, or in public Not Known State or country) 15. INFORMANT Mrs, Jennie Benton 212 Warren Ave., Manner of Injury Address 18 BURIAL, CRUMATION, OR REMOVAL Place Oak Lawn Cem. Date Dec. 8, 19 39 Nature of Injury 24. Man disease or injury in any way related to occupation of deceased? second frong no 19. UNDERTAKER 2 715 Light St. 20. FILESEC 7-1939 Huntington Milliams

VS 3

# BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICAT	TE OF DEATH	3631.
(10)(10)	2. USUAL RESIDENCE OF DECEASED:	11 11 11
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Md (b) County	
	R. Huserle	and give town)
Street address Hospital or institution:	(If outside city or town limits, write RULA	
) Noophal of the same of the s	Asureet No. 673 Vine St	
() Length of stay in hospital or inst. (yes., moa., or days)		yeare
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
Length of stay in Daminor		
(a) FULL NAME Baby Boy Edu	MEDICAL CERTIFICATION	~ , 45.
(b) If veteran, name war	190 190 190 190 190 190 190 190 190 190	4.01.4. a.M
No.	or 21. I certify that death occurred on the date above state	ed; that lattend-
divorced.	ed deceased from Nov 29 1939, to No	980
male Black	and that I last saw h ALL silve on	Duration
(b) Name of husband or wife 6 (c) If alive, give age ye	Immediate come of death prematurity	
7. Birth date of deceased (mo., day, yr.)	- Function	
ACE. Years Months Days	Due to	-
25 hr. hr.	Due w	
9. Birthplace Md. (Town, county, and state)	Due to	
V.		
10. Usual Occupation 11. Industry or business	Other Conditions	PHYSICIAN
JM Talial	(Include pregnancy within 3 months of death)	tinderline th
12. Name France Miller 13. Birthplace 7 14. Maiden Name Vanthe Edward	Major findings: Of operations	death should b
13. Birthpiace		charged stati-
	Of autopay  22. If death was due to external causes, fill in the	
16 (a) Informant Records	22. If death was due to external causes, in (a) Accident, suicide, or homicide	
16 (a) Informant	(a) Accident, suicide, of the contract (b) Date of occurrence	
(b) Address (b) Date thereof	we are did injury occur?	County) (State)
17 (d) (Burial, cremation, or removal) (month) (day)	2 2 1 i in accur about home, on farm, indust	rial place, in pub
(c) Cemetery or crematory	place? (Specify type of place) While at	work/
Location Commissioner Of Hound		
18 (a) Funeral director Williamson Moore Wine	(e) Means of injury B. Doldle	M. D.
(b) Address Willis	Johns Halkines Hopes	e akned 4.4
19 DEC (- Regist	rar Andread	

### 50457-F5 BALTIMORE CITY HEALTH DEPARTMENT

F 63632

63632	CERTIFICATE	OF DEATH 95 5	
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 4940 Eastern  (c) Hospital or institution:  Baltimore City Hospi  (d) Length of stay in hospital or inst. (yrs.,	tale	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  Belto.  (c) City or town  (lf outside city or town limits, write RURAL  (d) Street No. 118 N. Dover St.  (lf rural give location)  (e) If foreign born, how long in U. S. A.)	and give town)
3 (b) If veteran, name war 3 (c)	y Stefon Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH Lecensles 4 1939	at 300 P.M
4. Sex 5. Color or race 6 (a) Sing divorced.	de, married, widowed, or Single	21. I certify that death occurred on the date above states ed deceased from 190. 25 1939, to Ucc. 4 19 and that I last saw he am alive on Ucc. 4 19	d; that lattend-
7. Birth date of deceased mo., day, yr.  8. AGE: Years Months Days 63 6 26	live, give age years  5-8-1876  If less than one day  hrmin.	Immediate cause of death  Any furthernal condines culos distant  Due to	Duration
10. Usual Occupation press 11. Industry or business	er in tailor she		mhuss.
12. Name Unknown 13. Birthplace Lith 14. Maiden Name Mary ?	iania	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy	Underline the cause to which death should be charged statis-
= 15. Direnplace	. Records	22. If death was due to external causes, fill in the fee  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (Cou  (City or town) (Cou  place?	nty) (State) place, in public k) M. D.



63633  BALTIMORE CITY HEA  CERTIFICATE	OF DEATH	33
b) Street address 1509 N. Rose St.  C) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County Balto.  (c) City or town Saltimore  (lf outside city or town limits, write RURAL at Street No. 1509 N. Rosa ST.	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME  Margare f Agnesis  3 (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC. 5 1939.	at 10 43 P. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated ed deceased from Sept 8 1939. to 125/19	.5, 19 <b>3</b> 9.
6 b Name of husband or wife 6 c If alive, give age years 7. Birth date of deceased (mo., day, yr.)   an. 24. 1923	Immediate cause of death Heart Parliere Rhoumatri Geart disease	Detation
8. AGE: Years Months Days It less than 10 hr. min.  9. Birthplace & altimore (Town, county, and state)	Due to	
10. Usual Occupation 11. Industry or business  12. Name A. Knigatan  13. Birthplace Baltimore, Ind.	Other Conditions.  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline the cause to which death should be
13. Birthplace Sar Atherine Mannien 14. Maiden Name atherine Mannien 15. Birthplace Preland	Of autopsy	tharged status- tically.
16 (a) Informant LAN 1509 N. Rose St.  b) Address Sog N. Rose St.  17 (a) Location b) Date thereof 2/9/39  (month) (day) (sea Company)  (c) Cemetery or crematory sathledsal  (day) (sea Company)  (day) (sea Company)	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial while at wo (Specify type of place)	l place, in public
18 (a) Funeral director - / mon ammon.  (b) Address  19 (a) 9  Pater Registrar	(e) Means of injury  23. Signature  Address 448 N. Lugrue Date si	m. D.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



F 63634

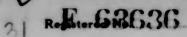
Registered No....

	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md. (b) County
(b) Street address 4940 Mastern Ave.	(c) City or town Baltimore  If outside city or town limits, write RURAL and give town)
Baltimore City Hospitals	(d) Street No 634 S. Paca St.
d) Length of stay in hospital or inst. (yrs., mos., or days)	(II form five roceman
(e) Length of stay in Baltimore (yrs., mos., or days) 1110	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME William Thomas Woodlon	CONTROL OF STREET AT A STREET
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Leculus 7 1937 . at 3 00 A M
4 Sex   5, Color or race   6 (a) Single, married, widowed, or	as I amily that death occurred on the date above stated; that lattend
divorced.	ad deceased from May 12 19.39, to Me / 1999
ALC 20	and that I last saw how. alive on DEC. 1
6 b Name of husband or wife Mary 6 c If alive, give age years	Duration Duration
7. Birth date of deceased (mo., day, yr.) 9/8/1885	Rhematic Heart Cleare unknown.
1 t C If less than one day	
8. AGE1 1 CATS   INDICATE   DEPT.	Due to
54 2 29	
9. Birthplace Md. (Town, county, and state)	Due to
(Town, county, and state)	Western with the second
10. Usual Occupation Laborer	Other Conditions
	(Include pregnancy within 3 months of death)
12. Name James Woodlon	Major findings:
13 Birthplace Va .	Of operations death should
14. Maiden Name Mahala ?	charged s'at
E 14, Maiden Penns	Of autopsy not dene tically.
December	22. If death was due to external causes, fill in the following:
10 (1) Informance	(a) Accident, suicide, or homicide
(b) Address Balto . City Hosp.	(b) Date of occurrence.
17 (a Bureau (b) Date thereof (2 - 1/ - 3.9 (month) (day) (year	(City of town) (County) (State
(Burial, creination, or removal)	(d) Did injury occur about home, on farm, industrial place, in pub
(c) Cemetery or crematory	while at work?
Location Sallo Long	(Specify type of place)
18 (a) Funeral director County	(e) Means of injury newspelotein
The Address of the minty owners to	23. Signature M. D
1945 (= 1939 yt to ton Miliams, M)	Address Date signed /2.7-39
iDate rec'd by registrar) Kegistrar	

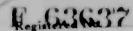
HEALTH DEPARTMENT—CITY OF BALTIMORE 63635

CERTIFICAL		
1. PLACE OF DEATH	Registered No	corred in
CITY OF BALTIMORE: (No HOSPEAL FOR THE HO.	WEN ORMARYLANDING a hospital or give its NAM	institution.
CITY OF BALTIMORE: (No.	of street and no	
Longth of residence in city or town where death occurred 1 yrs.	mos. da. How long in U. S. If of foreign birth?	DOB.
Mus LASTT LAMPI	NG specify WAR	
2. 1 (1)42 3174742	11.1.	
(a) Residence: No. 1203 ST. PAUL St.	St.,	nd State)
(Umail place of above)	MEDICAL CERTIFICATE OF DEATH	1
PERSONAL AND STATISTICAL PARTICULARS	300 (	39
5, SEX 4. Color or Race 5. Single, Merried, Widowed. or Diverces, (write the word)	21. DATE OF DEATH (month, day, year)	, 19 from
truale White Single	22. Thereby Certify, That I attended deed	1939
Sa. If married, widowed, or divorced	Dec. 3, 1039 10 Dec. 6	
HUSBAND of (or) WIPE of		CORP. IN MAIN
3 -4 -4	to have occurred on the date stated above, at/132 Am.	
& DATE OF BIBTH (month, day, yearling 7 - 85 4	The principal cause of death and related causes of importance were as follows:	Date of erest
7. AGE 10070 Months 1 day hrs.	Bronchopheumonia	Jec. 1,2
85 3 29 or min.		
8. Trade, profession, or particular kind of work done, as upinner. Retired		
iswyer, bookkeeper, etc	Appropriate (Appropriate Appropriate Appro	
9. Industry or business in which work was done, as silk with. Trucker 00	Other contributory causes of importance:	
2 10. Date documed last worked at   11. Total time (years)	Arteriosclerotic heart disease	1
this compution (month any 900 spent in this compation 25		na na na nanananan a sala
Balto	M. Pro of	
19. MRTHPLACE (dty or town)  (State or country)	Ves an operation performed?	
I Millian Landing	Per what denote or injury?	
E III. NAME	Name of operation	No
14. RIBTHPLACE (only or town)	What test confirmed disunders to Was there an auto-	play the fab
(State or country)	35. If docty was the sti description	10
13. MAIDEN NAME SEECE Ruele	Accident, suicide, or homicide? Date of injury	
E 16. BIRTHPLACE (dy or town) Batto mil	Where did injury occur? (Specify city or town, county.	and State)
(State or country)	Specify whether injury occurred in industry, in home,	or in public
Helen R. Mc Cullough		**************************************
15. INPORMANT / 203 St. Paul St		
THE PROPERTY OF REMOVAL	Manner of injury	
Treammount Duto Dec 9th 193	Nature of Injury	
I'M P. K	24. Was disease or injury in any way related to occupation	of deceased:
IS. UNDERTAKER N = COOL	It so, argelfy All M	71
(Address) /2/7 ST. Jane 9	(Surne) Kelened IV. II nying	1 D.
19th Williams of	(Address) (Vommers Hopel	4
TIEC 7 - 1939		
The state of the s		

# CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Paryland (b) County . Jo Ormand
b) Street address byman lark Irivo and 31st St.	(c) Cir or town Injon Bridge, Laryland
(c) Hospital or institution:	(If outside city or town limits, write RURAL and give town)
U. S. Marine Hospital, Baltimore, Md.	(d) Street No
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days	(If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days	(e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Jesse C. Anders	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.577-07-3260	20. DATE OF DEATH Dec. 6, 1939, at 6:30PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above stated; that lattend-
Male White divorced. Single	ed deceased from Nov. 30, 1939 to Dec. 6, 1939.
6 b Name of husband or wife	and that I last saw him alive on Dec. 6, 1939.
6 c If alive, give age years	Immediate course of death  Cerebral hemorrhage  3-4 hrs.
7. Birth date of deceased (mo., day, yr.) Nov. 26, 1896	Coronac nome of the corona
8. AGE: Years   Months Days   If less than one day	Uremia, acute  Due to Cardiovascularrenal disease Unimown
43 0 10 hr. min.	Due to
9. Birthplace Union Bridge, Laryland (Tewn, county, and state)	Due to
10. Usual Occupation Salesman	
H. Industry or business S. Fahn Sons, lashington, L.	COther Conditions
12. Name Cleveland Anders	(Include pregnancy within 3 months of death)
13 Birthplace Union Fridge, Laryland	Major findings: Underline the
The state of the s	Of operations cause to which death should be
14. Maiden Name Flizabeth B. Heans	Of autopsy NONO tleally.
15. Birthplace Bainbridge, Pa.	fill in the following:
16 a Informant Records-U. S. Marine Mospital,	(a) Accident, suicide, or homicide
bi Address laltimore, Maryland.	(b) Date of occurrence
(Burial, cremation, or repeats) (month) (ay) (year)	(c) Where did injury occur? (City or town) (County) (State)
C Cemetery or comatogy was turns	(d) Did injury occur about home, on farm, industrial place, in public
Location Memory Bush	while at work?
18 a Funeral director I Mora	(Specify type of place)
12/11/01 Journell	23. Signature & L. Buyauf
b Address (b)	Waring Warning Date signed 12/6/35
Date ree'd by me (6)	Address V. S. Marina Hondita Date signed
188 1 1000 /Spill	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 63637 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State 2 1 County Baltimore City, Maryland 16) Street address of I Serveder ar c City or town / L e l'espital or inétitution of .... I wan the world . Har d Length of stay in hospital or inst. yrs., mos., or days e If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (vis., mos., or days) 3 (a) FULL NAME MEDICAL CERTIFICATION reun 3 & Social Security Account 20. DATE OF DEATH The cuelon o 1987, at M 3 Il veteran, name war MONB 21. IHEREBY CERTIFY, That Itook charge of the remains described 5 Color or race of Single, married, widowed, or above, held an hacery thereon and from the evidence divorced / (Autopsy or Inginey) find that said deceased came Frontes & obtained by said 6 h Name of husband or wife ( (Autopay or Inquiry) 6 c If alive, give age 16 years to death on the day stated above. 7 Birth date of decemed mo, day, yr upu 25 1887 Duration Immediate cause of death If less than one day 8 AGE: Years Months Days Coronary relience Due to 10 Usual Occupation Other Conditions westeles freeling It Industry or husiness 12 Name nothmen PHYSICIAN (Include pregnancy within 3 months of death) Underline the Major findings: 14 Maiden Name 10 Wh over num to which Of operations death should be charged statis-15 Bribplace Of autopsy 22. If death was due to external causes, fill in the following: a Accident, suicide, or homicide b Date thereof See 9 k 4 (year) (b) Date of occurrence (City or town) (County) (State d Did injury occur about home, on farm, industrial place in public Cemetery of crematory // C Location & webs 1, 1204 While at work? (Specify type of place) 18 at Fune al director who me Maddinos 1 ady Date signed

638

# HEALTH DEPARTMENT—CITY OF BALTIMORE 3638

CERTIFICATE	OF DEATH
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 954-Forrest)	St. Gard)  St. Gard)  St. Gard)  St. Gard)  St. Gard)  St. Gard)  St. Gard  St. Gard
2. FULL NAME Wantes & Oroun	St., Ward. WEL BOURNE - WORCESTER
(a) Residence: No(Used place of abode)  PERSONAL AND STATISTICAL PARTICULARS  Maried Widowed	MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH
Male Black or Divorced (write the word)	november 25 139, to december 2 1939. Death is said
6. DATE OF BIRTH (month, day, year) 7. AGE Years Months 15. Trade, profession, or particular	to have occurred on the date stated above, at 10;25 m.  The principal cause of death and related cause of importance were as follows:
k nd of work done, as spinner, sawyer, bookkeeper, etc	Caralytic yells  Was an operation performed!  For what disease or injury?
18. NAME 18. NAME 18. NAME 19. NAME 14. BIRTHPLACE (city on y) 16. State or country) 18. MAIDEN NAME 19. NAME 1	Was there an autopay?  What test confirmed diagnosis? Was there an autopay?  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (etty of Lights) (State or country)	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT (Address)  16. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased  (Signed)
**************************************	346 & Brillford ans

#### 63689 50645

# CERTIFICATE OF DEATH

la	Registgred No.3639	

GENTITION -		
PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 4940 Kestern Avenue  (c) Hospital or institution:  Beltimore City Hospitals  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  1116	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Baltimore  (If outside city or town limits, write RURAL a  (d) Street No. 33 S. Pulaski St.  (if rural give location)  (e) If foreign born, how long in U. S. A.?	nd give town)
		1/
(a) FULL NAME  MARY L. Torback  (b) If veteran, name war  No.  1. Sex  5. Color or race divorced.  White  Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above stated; ed deceased from 12-1 1938, to 12-	that lattend- 5 19 39.
7. Birth date of deceased (mo., day, yr.) Jan. 30, 1859	and that I last saw h alive on 12-5 19	Duration Says
8. AGE: Years Months Days If less than one day  10 5 hr. min.	Due to Fracture lift ferrier	week!
10. Usual Occupation Pension (Gov.)  11. Industry or business Served in Indian Wars	Other Conditions  (Include pregnancy within 3 months of death)	PHYSICIAN
12. Name 12. Name 13. Birthplace 14. Maiden Name 14. Maiden Name 15. Frances Wroten	Major findings: Of operations	Underline the cause to whice death should he charged stati- tically.
15. Birthplace  16 (a) Informent Records  1 Address Baltimore City Hospitals  17 (a) Current (Burial, cremation, or removal (Burial, cremation) or removal (Company Company Co	Of autopsy.  22. If death was due to external causes, fill in the fole  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place?  (Specify type of place)  (e) Means of injury.  (e) Means of injury.  (foly Hryb.  (Specify type of place)  (Address Salto City Hryb.  (Date signature.  (Address Salto City Hryb.  (Date signature)	lowing:  Y (?)  Classic: 8  (State)  place, in public; limites;  otifolo y an  M. D.  ned 12-6.
(Date rec'd by registrar)	Who meenmiter m. a. and	* *

HEALTH DEPARTMENT	-CITY OF BALTIMORE 63640
63640 CERTIFICATI	Idoputal Registered No.
1. PLACE OF DEATH Jukino Memorial	(If death occurred in a hospital or institution.
1000 Caten hoe 13	Wird) give its NAME Instead
Length of residence in city or town where death occurredyrs. S. n	ds. How long ln U. S. If of foreign birth?yrsmosds.
Length of residence in city or town where death occurred	1f U. S. Veteran apecify WAR
2. FULL NAME Bridget Harw	apecity was
(a) Residence: No. Cumberland, Marylo	St.,
I RUNI PINCE OF	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	0 -1 10 20
3. SEX 4. Color or Race 5. Single, Married, Wildawed, or Divorted, (write the and	21. DATE OF DEATH (month, day, year)
temple white morning	( July 1 . 1937 to Dec 1 . 1939
5n. If married, widowed, or divorced HUSBAND of	Olist Naw Ser alive on Dec 6 19 37. Death is said
(err) WIFE of James Market	to have occurred on the date stated above, at m.
6. DATE OF HIRTH (month, day, year) 1 Days If LESS than	The principal rause of death and related causes of importance were an follows:
7. AGE Years Months 1 day hrs.	asteriosclorosis
83 /0 / or .min.	
Z 8. Trade, profession, or particular kind of work done, as spinner.	
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was ilone, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and  11. Total time (years) spent in this occupation	Other contributory causes of importance:
work was done, as silk mill, saw mill, bank, etc.  11. Total time (years)	1. 1 - reskinatory enfection 11 30-
10. Date occupation (month and this occupation (month and specification)	aug production of the second
yenr)	Was an operation performed? Date of
12. BIRTHPLACE (city or town (State or country)	For what disease or injury?
# 13. NAME Mylin Sperry	Name of operation
18. NAME 11. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
(State or country)	23. If death was due to external causes (violate) lowing: Accident, suicide, or homicide?
E 15. MAIDEN NAME IN AND STATE OF THE STATE	
16. BIRTHPLACE (city or town)	Where did Injury occur? (Specify city or town, county, and State) Specify whether Injury occurred in industry, in home, or in public
State or country)	
17. INFORMANT THEMS IT THE CASE	place
(Address) Valoria REMOVAL	Manner of Injury
BURIAL GREMATION, OR REMOVAL PROPRIE 12 19/ 19	24. Was disease or injury in any way related to occupation of deceased
marging in oran	24. Was disease or injury in any
19. UNDERTAKER 2 1506 & Bally	(Signed) Charles V. Sewan M.
(Address) JOOU 600	(Address St. agner Harpital
DFC 7- 1000 H duster Milliams	
1000	

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 Registered NG3641.

OZ.		
	2. USUAL RESIDENCE OF DECEASED:	THE PERSON NAMED IN
. PLACE OF DEATH:		The same of
	(a) State Ma. (b) County	
	Ballimore	
b) Street address I UI a.	(c) City or town 3 all More RURA	L and give town)
c) Hospital or institution:	1010 & 36th St	
· · · · · · · · · · · · · · · · · · ·	(If rural give location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)		
d) Length of may in hospital of	(e) If foreign born, how long in U. S. A.?	yeats
(e) Length of stay in Baltimore (yra., mos., or days)	1	
3 (a) FULL NAME ) and line of mar	anto	
10/10/10/10/10/10/10/10/10/10/10/10/10/1	MEDICAL CERTIFICATION	
3 (b) If veterap hame war 3 (c) Social Security Account	19/1/ 103	9. M 54. M
No.	ZO. DATE OF DEATH	and that lattends
4 Sand 5. Colorly race 6 (a) Single, married, widowed, o	21. I certify that death occurred on the late above sta	2-61939.
4. Sand divorced. During	ed deceased from / 1921, to	1939
TI H DIVER	and that I last saw h & alive on	17 84 7
6 b Name of husband or wife	( Journa	Durgligh
6 c If alive, give age yea	, white	The was
7. Birth date of deceased mo., day, yr.) Oct 47 190	4	
The state of the s	do caración.	
8. AGE: Years Months Days	in. Due to.	
33	A Commentel Law Colors	no seral
9. Birthplace (Town county, and state)	Due to Much will said	no several
	ancient - heart	gar
10. Usual Occupation	Other Conditions	1
11. Industry or business	- Marchael Marchen	PHYSICIAN
Mallum 4 toll	(Include pregnanc) within 3 months of	Underline the
12. Name fruit in di	Major findings:	enuse to which
13 Birthplace	Of operations	death should be
14. Maiden Name 15 Bulfryne, Frys		tically.
(h)/1.	Of autopay.	a following:
15. Birthplace	22. If death was due to external causes, fill in the	e louowing.
16 (a) Informant Julie Stage	(a) Accident, suicide, or homicide	
(b) Address 32 05-10-14. 1200.1	(b) Date of occurrence	
Date thereof 12/97	77 When did injury occur?	County) (State)
17 (a) Lucian or removal) (y	(d) Did injury occur about home, on farm, indust	rial place, in publ
/ lew vesas	(d) Did injury occur about nome, on taken while at	work?
(c) Cemetery or cramatory Fredrick Re	place? (Specify type of place)	
Location Location A San A Car		Address of the Control of the Contro
18 (a) Funeral director frum de Molicy	(e) Means of injury where	
( PATIN ) POLICE	23. Signature	e signed /2 23
(b) Address	Address mulicul and Thy Dat	e signed / L ( J
19 (4) my 10 30 m tree for Milionsoy	Address	
DE COPA me apply digital.		

# Devin J Stanley BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

131

F 63642

Registered No.

CERTIFICATE		The second second
	Z. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State MA (b) County Dorol	usin
b) Street address Amyrian Park Drive	(a) State 77.00 (b) Commy	
Street address guyman Funt wo	(c) City or town Cambridge (d) outside city or town limits, write RURAL	and give town)
() Hospital or institution:	(If outside city or town limits, write it	
all marine Hosp	(at Street No. 48 Douglas St. (tf rural give location)	11 77
(e) Length of stay in hospital or inst. (yrs., mos., or days) 16 days	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or any		
3 (a) FULL NAME.  3 (c) Social Security Account	MEDICAL CERTIFICATION	
2 1 If weteran name wal	1934	, at 4:43 PM
more of the state		
4. Sex 5. Color or race divorced.	. 6164/3/1937 10	
m nego divorced name	and that I last saw hamalive on Dic 7	934
may b stant	and that I last saw to	D 41 411-
	Immediate cause of death	zanknow
7. Birth date of deceased (mo., day, yr.) June 8/895.	chom war.	3032
7. Birth date of deceased mo., day,		
	Due to	
44 3		
9. Birthplace wirms md (Town, county, and state) 10. Usual Occupation Bally 11. Industry or business Bally	Due to	
Bally	Other Conditions Chromis myseard	x unterson
10. Usual Occupation	Other Conditions Charm	
11. Industry or business Barlet	(Include pregnancy within 3 menths of death)	PHYSICIAN
a alla stanti	Major findings:	Underline the
13. Birthplace Dochista Co. md.	Of operations	cause to which death should be
13. Bircoprace St. T.: Prinder		charged status-
# 14. Maiden Name Christian Prinder	Of autopsy	tically.
	- I fill in the	following:
16 a Informant Sucardo, U.S. marm H.	(a) Accident, suicide, or homicide	
(b) Address Baltiman ma	(a) Accident, suicide, of (b) Date of occurrence.	
	did injury occut?	(State)
17 (a) Date thereof (month) (day) yes	(c) Where did injury occurr (City or town)	
(Burial, cremation, or comments of the lands	(d) Did injury occur about home, on farm, industr	work?
(c) Cemetery or exematory	place? . (Specify type of place)	
Location.		
18 (a) Funeral directo		4
(b) Address Carmbridge mo	23. Signature	12/1/2
(b) Addition (b)	23. Signature SUD, a, mult Address V & marine Hasp Date	myned / 1/8
12 Poursed 16 Querist and of the major	Battimes ma	
DEC 8 1000	A STATE OF THE STA	

F	<b>6064</b> 3
31	•

F 60643	CERTIFICATE	OF DEATH V 9 6	
31		2. USUAL RESIDENCE OF DECEASED:	+
. PLACE OF DEATH: a) Baltimore City, Maryland		(a) State Md (b) County Off	L
	S HOPKINS HOSPITAL	(c) City or town (If outside city or town imits, write RURAL)  (d) Street No. (If rural give location)	and give town)
d Length of stay in hospital or in	re., mos., or days) 3 21 02	(c) If foreign born, how long in U. S. A.?	years
(c) Length of Day in Comme	0 1		
3 (b) If veteran, name war	jal Lauson 3 (c) Social Security Account No.	TOTAL DIC 7 1939	at 6 PM
Male White	divorced. Marked  Wille	21. I certify that death occurred on the date above states ed deceased from aug. 18 1939, to Disable and that I last saw h Halive on Dec. 7 19	27 1939.
	6 c If alive, give age years	Cardiar filme	2 days
7. Birth date of deceased mo., d.  8. AGE: Yeurs   Months   Deceased mo., d.	ay, yr.) 11.—12—68  syn If less than one day  hr. min.	Due to Seption - B. Coli	Idaly
9. Birthplace M	Jump, county and states	Due to Protous gargare & peris	5 weeks
10. Usual Occupation 11. Industry or business	a Stacker	Other Conditions	PHYSICIAN
12. Name Bill	Laurson	(Include pregnancy within 3 months of death)  Major findings:	tinderline the
13. Birthplace	Md 3	Of operations	death should be charged statis-
14. Maiden Name	md.	Of autopsy  22. If death was due to external causes, fill in the	tiently.
16 a Informant	ecards	(a) Accident, euicide, or homicide	
b) Address 101118	b Date thereof the 9th 1	(b) Date of occurrence	unty) (State)
(Buriel, cometion, or remove		(d) Did injury occur about home, on farm, industri	al place, in public
Cemetery or crematory Location	fill MX.	place? (Specify type of place)	
18 a Funeral director of	file ML.	(e) Means of injury themas	wards.
(b) Address (b)	Williams	23. Signature Littury Thomas Address Johns Hop Kin Hop It late	igned 12 / / 3
19 (a) Ont rec'd by and army	June AAA		

#### Registered No.

	2. USUAL RESIDENCE OF DECEASED:	0
PLACE OF DEATH:	0.0	E8.
Baltimore City, Maryland	a State M O. b County	
Street address 1231 W Totoyelly an	City of town Owner RURA	Land wise lawn
Hospital or institution:	elf outside city or town in its write RURA	I and give ion.
	Street No.	
d) Length of stay in hospital or inst. (yrs., mos., or days)	d Street No.	
	(e) If foreign born, how long in U. S. A.?	year
Length of stay in Baltimore (yrs., mos., or days)	,	1/
FULL NAME William V. Ca	MEDICAL CERTIFICATION	
(b) If veteran, name war 3 (c) Social Security Account	10	9. 11 10 5T M
No.	JU DATE UF DEATH	L M
1. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death ocquired on the date above star	175 1934
Male cal divorced Mances	ed deceased from	139.
Tackel Clark	and that I last saw it	
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo., day, yr. July 12, 1863	Jenneal Francisco	
7. Birth date of deceased inc. days	Bur to Chironie Cardy	1 year
8 AGE: Years Months Days It less than one of min.	Varial Reval des	cercol
The Court	Yas war the	1
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation January		
11. Industry of husiness	Other Conditions	PHYSICIAN
- Carlain	thelude pregnancy within 3 months of death	
12 Name Pala Co.	Major findings:	t pajertine t
13 Birthplace	Of operations	death should
# 14 Maiden Name Swah Carl	01	tiently.
15. Birthplace	Of autopsy	following:
D. I'O Mark	22. If death was due to external causes, fill in the	
16 a Informant Cally Mills, Mil	(a) Accident, suicide, or homicide	
17 a Burial b Date thereof 12-9-59	(b) Date of occurrence	
17 a Survay b Date thereof (month) (day) (year	(c) Where did injury occur?	ounty) (State
WF FILADAW I UM	(d) Did injury occur about home, on farm, industr	nai piace, in pui
Cemetery or crematory Mills, M.L.	place? While at w	work?
Location levergs Hills Holland		
18 (a) Funeral director	(e) Means of injury, L. Jack	ou
(b) Address 1631 Ruid Hill are	23. Signature	
19:00 1039 18 11/6 aug Mil	Address Address Williams	Austral 47/
Registrar & Registrar		6/
Lo	V	1

## BALTIMORE CITY HEALTH DEPARTMENT

1229 F 63645 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT  ATE OF DEATH  2. USUAL RESIDENCE OF DECEASED:
LACE OF DEATH:	(a) State Md (b) County
Baltimore City, Maryland	(c) City or town Balttuste (If outside city or town limits, write RURAL and give town)
Street address . JUNIA NUT MED MUNICIPAL	(c) City or town if outside city or town limits, write Rt RAL and give town)
Hospital or institution:	Street No. 232 4. Carry St.
	Street No. 2 2 2 (If rural give logithan)
Length of stay in hospital or inst. (yrs., mos., or days)	years
Length of stay in the stay of days	(e) If foreign born, how long in U. S. A.?
Length of stay in Baltimore yes, mos, or days	
a) FULL NAME y) ! la Pinteney	MEDICAL CERTIFICATION
Cold I Samily Add	OHDU
b) If veteran, name war	20. DATE OF DEATH Dec 4 1939, at p M
No.	
Sex 5. Color or race 6 (a) Single, married, widowed divorced.	
1 DI Maria	ed deceased from Alive on Die 419 39.  and that I last saw her alive on Die 419 39.  Dereties
emale Black	
b) Name of husband or wife 6 (c) If alive, give age	years Immediate cause of death steman haft
	98 Janting England Extension 20
Birth date of deceased mo., day, yr. Qct. 4-18	
Birth date of deceased mo. Days If less than one day	. This to
4/2-	min. Hypertensive
Bellinou Ma	Due to
Birthplace (Town, county, and state)	10
Woulder Woulder	Other Conditions
O. Usual Occupation Acutation	PHINCIA
11. Industry or business	(Include pregnancy within 3 months of death) t'nderline
12. Name & . W . July	Major findings:
Wall- NICO. MA	Of operations
13. Birthplace Hay	charged sta
14. Maiden Name	
e de la companya del companya de la companya del companya de la co	Of autopsy  22. If death was due to external causes, fill in the following:
15. Birthplace Sauthia Pinky	(a) Accident, suicide, or homicide
16 a Informant THEASTON INSPENDED AT.	(a) Accident, suicide, or service and accident and accident and accident and accident accident and accident accident accident accident and accident acc
16 0 mioral 10 x x x x x x x x x x x x x x x x x x	The state of the s
(b) Address 62-8	(b) Date of occurrence.
(b) Address 62 Bull (b) Date thereof 12-9	- 37 (State occur) (State occur)
(b) Address 62 b Date thereof 12-9	y) (year) (c) Where did injury occur? (City or town) (County) (States)
(b) Address 62 (2-9)  17 (a) Burish, cremation, or removal) March 12-9  (Burish, cremation, or removal)	(c) Where did injury occur? (City or town) (County) (State of County) (Ounty) (O
(b) Address (b) Date thereof (month) day (Burisl, cremation, or removal) More set Queller (C) Cemetery or crematory (c) try Md.	y) (year) (c) Where did injury occur? (City or town) (County) (States)
(b) Address (2-9)  17 (a) Burdl (b) Date thereof (month) (da) (Burisl, cremation, or removal)	(c) Where did injury occur? (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in purple of place)  (d) Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple of Did injury occur about home, on farm, industrial place, in purple occur about home, or purple occur about hom
(b) Address (b) Date thereof (month) (da) (Buriol, cremation, or removal) (c) Cemetery or crematory, City, Md. Location Salto, City, Md.	(c) Where did injury occur? (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in purple of place)  (g) Where did injury occur? (City or town) (County) (State of Did or town)  (Specify type of place)  (e) Means of injury Shund Shund
(a) Buriel, cremation, or removal)  (b) Date thereof (month) day  (c) Cemetery or crematory  Location  (d) Funeral director Mr. Get. H. Hell  (e) Funeral director Mr. Get. H. Hell  (f) Funeral director Mr. Get. H. Hell  (g) Funeral director Mr. Get. H.	(c) Where did injury occur? (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in put with the place?  (Specify type of place)  (e) Means of injury  3 Signature  (Signature)
(b) Address 6 Date thereof (month) day  (a) Cemetery or crematory More of Culture  Location Pallo, City Md.  (b) Address 6 Date thereof (month) day  (c) Cemetery or crematory More of Culture  (d) Funeral director More Sec. 1. Holls  (b) Address 6 Date thereof (month) day  (mont	(e) Where did injury occur?  (City or town) (County) (Starting of the county) (Starting of the c

366083646

# CERTIFICATE OF DEATH



F 63646
Registered No...

2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State Md (b) County a) Baltimore City, Maryland (b) Street address JO YS 1'07'11'S LUCPICAL ilf outside ity or hown limit C Hospital or institution: 14 Street No. 1020 d) Length of stay in hospital or inst. (yrs., mos., or days) (1) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., mos., or days) Colonel Russell 3 a FULL NAME MEDICAL CERTIFICATION 3 h If veteran, name war 20. DATE OF DEATH Des 4 15-10-9494 21. I certify that death occurred on the date above stated; that I attend-6 (a) Single, maied, widowed, or 1939, to Dec 4 1939 5. Color or race 4. Sex ed deceased from aug 5 and that I last saw hulalive on Dec 4 19 39. 6 b Name of husband or wife Deration years 6 o If alive, give age Tubercal our alicesses 7. Birth date of deceased mo., day, yr. 3-17-06 If less than one day 8 AGE: Years Months Days 33 9. Birthplace Due to Town, county, and state) Other Conditions Tuberculons lacture 10. Usual Occupation 11. Industry or husiness prostatitio PHYSICIAN 12. Name tinderline the Major findings: Of operations Courceal to ause to which 13 Birthplace teath should be alisess. (treptime) 14 Maiden Name Mattie Force harged status Of autops Con 22. If death was due to external cause, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide 16 a Informant What how could the (b) Date of occurrence b Date thereof De - 8 -39 c) Where did injury occur? (City or town) (Burial, cremation, or removal) (d) Did injury occur about home, on farm, industrial place, in public 1 Coolrany Country C Cemetery or crematory While at work? Location Bally (Specify type of place) 18 a Funeral director Chehefalls a. Sadde (e) Means of injury DEC 8- 8 8 the trugtor Milleaus M.D. 23. Signature. Registrar

VS 3

BULGE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH:  a) Baltimore City, Maryland	o State Ind. 6 County	
3100 man Toballa Ilrans.	B of	
	c) City or town Baltimore  If cut ide city or town limits, write RURA	(I and give town)
c) Hospital or institution:	21 21 20 20 TRIPO C.	
	1 Superato. 3100 montebello ave	
d Length of stay in hospital or inst. (yrs., mos., or days)	MAT 9	years
e) Length of stay in Baltimore (yrs., mos., or days)	of of foreign born, how long in U. S. A.?	
	w	
Muryanta gas	MEDICAL CERTIFICATION	
) if it vett iail, inches	20 DATE OF DEATH FILE 6 123.	9. at 9 A. M
No.  5 Color of face 6 (a) Single, married, widowed, or	I at I all about doub accurred on the date above sta	ated; that lattenda
divorced. A/		-0,
To make I have fully	and that I last saw be alive on NEC	1939.
6 1 Name of husband or wife School le. Jeun		Danadian
6 c It alive, give age	of mile relieby malous	
7. Birth date of deceased mo, day, yr. Dec 22 and 1854	helbrites	3 years
8. AGE: Years Months Days If less than one day		
84 // /4 hr. min.	Due to	
Bar nud.	Durate	
	Due to	
10. Usual Occupation Kaserfe	Other Conditions	
11 Industry or business		PHYSICIAN
# 12 Name Louis S(mans	(Include pregnant, within 3 menths of death)	
	Major findings: Of operations	t'rderline the
2 13 Birthplace XIllmany		death he ald be
H 14. Maiden Name Unknown	Of autopsy ///	harged salis
15. Birthplace	Of autopsy (III in the	
n & 2/2	22. If death was due to external causes, fill in the	
16 a Informant Mrs Set W. Volge.	(a) Accident, suicide, or homicide	
4 - 26	(b) Date of occurrence	
b Date thereof (month) (day) (year (Burnal cremation, or removal)		County) (State)
Cemetery or crematory Lorudon Brik learn	(d) Did injury occur about home, on farm, industr	rial place, in publi
	place? (Specify type of place) While at w	WOTK
Location Schloman & Son		· · · · · · · ·
18 a Funeral director is School and Atte	(e) Means of injury	7 clung
(b) Address 1034 Hanover St.	23. Signature	M. D.
2900 0 1620 (b) for 1 for Withours	Address Location Date	signed A D
-   Merce Out intrate   Turning of the Line ages	7111	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



CERTIFICATE		
	USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	State Md. (h) County Ballo	
Baltimore City, Maryland Get J. Jan Cart	a) State M.A. (b) County	
	(halfimore	A minus toper to 1
Street address / 100	c) City or town (If outside city or town limits, write RURAL	and give town
Hospital of Intitution.	117 Shiberty M	
naugano general 22 de	T) Street No. (If rural give location)	
hardel or inst. (yrs., mos., or days) & Loray		years
Length of atay in hospital or inst. (yrs., mos., or days) 22 days	(e) If foreign born, how long in U. S. A.?	
Length of stay in Baltimore (yrs., mos., or days)		
10) FULL NAME  Mr. Edward Joseph Mum SR.  3 (c) Social Security Account	MEDICAL CERTIFICATION	
Mr. Edward 3 (c) Social Security Account	MEDICAL CERTIFICATION	1010 A V
h) If veteran, name war	29. DATE OF DEATH 12/6 1939	, at / / MI
No.		d; that lattend-
	21. I certify that death occurred on the 1939, to 12 ed deceased from 11/14 1939, to 12	16 1939.
divorced. , Ful ove A	ed deceased from /1/	39.
mace wave and	and that I last saw h / M alive on 12 16	Duration
a his and husband or wild the growth of		Da atten
6 All alive, give age years	Congestive Heart Fraile	7
7. Birth date of deceased mo., day, yr.)		100
	Due to Chronic Myocorditis	-
8. AGE: Years Months Days hr. min.	Due to	1
11 1 00 1	0	
manyland .	Due to	
	10. ++:	
10. Usual Occupation Javern Reeper	Other Conditions fauts Prostatic	
11 to dustry or business	Lahestrosous	PHYSICIAN
12. Name mm. Richard min	(Include pregnancy within I months of death)	Underline the
12. Name MM. A 1 Change	Major findings:	to which
	Of operations	death should be
13 Birthplace Selland Candan		charged statis-
14. Maiden Name Mings mongot Januar	Of autopsy	tically.
6 I had all a	22. If death was due to external causes, fill in the	following:
15. Birthplace Edward Joseph Murn fr.	22. Il death was due to external	
16 a Informant Edward Confe	(a) Accident, suicide, or homicide	
(b) Address 719 m 1 Care wo	(b) Date of occurrence	
2 Date thereof VEC 7	Where did injury occur?	ounty) (State)
17 (a Buriul, cremation, or removal)	(d) Did injury occur about home, on farm, industr	ial place, in public
		vork?
Cemetery or crematory Garage Md.	place? (Specify type of place)	
Location 10 west Harle		
18 (a) Funeral director) 2 truma d 6	(e) Means of injury	
101/> 10 836	23. Signature	12/2/3
b) Address	mann and In. Wille	migned 141
(b) Registrar	Address //La	
19 (a by registrar)		
S Class by registrari		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63649 Registered No.

63649	CERTIFICAT	E OF DEATH	
		12 USUAL RESIDENCE OF DECEASED:	- L F8
PLACE OF DEATH:		a) State Manylandbunty	
Baltimere City, Maryland	· Como che	(a) State ( A) B Et	
Baltimere City, Maryland Street address Redwood	LA OLENC DE	(c) City or town Baltimuse (If outside city or town limits, write RURAL	and give town)
Street address /1		ilf outside city of town	St
Hospital or institution:	y Hospital	(c) City or town (if outside city or town limits, write RURAL)  (Street No. 6 / South Colon (if rural medication)	
I ength of stay in hospital or in	,	(e) If foreign born, how long in U. S. A.?	years
e Length of stay in Baltimore (y	rs., mos., or days,		
(a) FULL NAME Howard	Madison Accounts Accounts	MEDICAL CERTIFICATION	// Roww
b) If veteran, name war	No.	20. DATE OF DEATH	d; that lattend-
	(a) Single, married, widowed,	or 21. I certify that death occurred on the date and	6 1939.
4. Sex / 1 / 1	divorced. Married	ed deceased from 12 - 6 19	39.
	Thee madein	and that	Duration
Male Colorea	6 (c) If alive, give age 4 4 ye		4 + 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7. Birth date of deceased (mo., d	ay, yr.) 4 - / / / / / / / / / / / / / / / / / /	Due to Urethers Streeture	
A A C . Y CATA ITIOITIE		nin. Due to Cystifis.	
9. Birthplace Waln	British Isles	Due to	
9. Birthplace 10. Usual Occupation Steri	in great Packers	Other Conditions	PHYSICIAN
11. Industry or business	- , ,	(Include pregnancy within 3 months of death)	
1100 9	nadisons	Include pregnancy	Underline the
11. Industry or business  12. Name Gen 9	B'Till Tile	Major findings: Of operations	death should be
13. Birthplace Wages	U Julia		charged statis-
14. Maiden Name Lux	Butish le	Of nutopsy Pronephrasis fill in the	following:
15. Birthplace Water	o Jonney	22 16 Joseph was due to external causes, in	
16 (a) Informant alies	gnadian	(a) Accident, suicide, or homicide	•
(b) Address 6/1 4	Green it	(b) Date of occurrence	ga an
- Diniel	Date thereof 12	(c) Where did injury occur? (City or town) 10	ounty) (State)
17 (a) Quantien, or remains, or remains	Mount Quelur	(c) Where did injury occur about home, on farm, industr	vork?
(c) Cemetery or crematory	Tout -	place? (Specify type of place)	
Location Wilgel	prop 1 Prove	Mary Mary	D
18 (a) Euneral director	seen a. gray	(e) Means of injury Les. E. Worders	M. D.
18 (0) 1 1111 4 0 19 9	1 1 ours ency	23. Signature Dute	signed 124
(b) Address	11	Address and Hopetal Date	
(1980) (Date for a by registrar)	Marie Region	V	
THE ADOD THE	No.		

THE PERMENT	CITY OF BALTIMORE 63650
F 6365 HEALTH DEPARTMENT	-CITY OF BALTIMORE
CERTIFICAT	E OF DEATH 217-07-0692
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. M. 1)	Ward) give its NAME instead of street and number.)
Langth of Pencence in city of town white	de. How long in U. S. If of foreign birth?
2. FULL NAME Herbert Dres	specify WAR
(a) Residence: No. 900 M. Belson	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SKX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) See, 7.1939
male Thete Jungle	22. I HEREBY CERTIFY, That I attended deceased from
Sa. If married, widowed, or diverced	I last any hour alive on Del. 6, 1939 Death is raid
(or) WIFE of	to have occurred on the date stated above, at 1 30Pm.
6. DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of importance were as follows:
7. AGE Years Months 1 day, hre.	of he and last
la Trade stofession, or particular	Chr. Olitis media (At
kind of work done, as spinner, sawyer, buokkeeper, etc.  9. Industry or business in which	Certification of the
9. Industry or business in which work was done, as silk still, our Plans to elsey	Other cuntributory causes of importance:
work was done, as ask mill, the flats are mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation)	Left troulal Junistis!
year) occupation	The one
12. BIRTHPLACE (city or (County))	Was an operation performed? Date of
E 18 NAME Paries Dellet	For what disease or injury?
11. NAME JAMES Dallitury	What test confirmed diagnosis? Was there an autopay?
H. BIRTH LACE (taly of Affaite or country)	33. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME MURRY HUKRAGH	lowing: Accident, suicide, or homicide?  Date of injury, 19
15. MAIDEN NAME MANY MUNICIPAL STATES 16. BIRTHI'LACE (city or torn) Lack (State or country)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
J. Greholl	
17. INFORMANT JAMES GARAGE (Address) 900 W. Belleville	Manner of Injury
THE DUDIAL CREWATION, OR REMOVAL	Nature of injury.
Mare Holy po deener Date 12 -11 - 199	24. Was disease or injury in any way related to occupation of deceased?
10. UNDERTAKER Hack brack ofon	The It so specify
(Address) 1906 apploya 6	(Signed) Imacut Dona M. D.
mayor to Williams, Haran.	(Address) 845 Mittatterson Wa
1939 OF 1839	Homes J. moldes M. D.

### BALTIMORE CITY HEALTH DEPARTMENT

F 63651

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Md (b) County	
(b) Street address 1813 Linden Our		••••
(c) Hospital or institution:	(c) City or town Bultimore	
1	(If outside city or town limits, write RURA)	L and give town)
	(d) Street No. 1813 Lunden as	
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Ethel Cook		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	20
- No	20. DATE OF DEATH 12/7 1939	62 P.M
4. Sea 5. Color or race 6 (a) Single, married, widowed, or	20: 2::02:00	
divorced.	21. I certify that death occurred on the date above state	7 19-39
Tomole Whate Midory	ed deceased from 6 / 4 1939 , 10 /2/	34
6 6 Name of husband or wife Joseph Look	and that I last saw heralive on 12/6 19	<u> </u>
6 of If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Feb 17 1876	Cente dilatation of	Standball
8. AGE: Years Months Days If less than one day	booth 1	
	Due to Conditions mentioned	
60	lelow	
9. Birthplace British (Town county and state)	Due to	-
(10 will const.), and some	111	
10. Usual Occupation Typuschupes of light	Other Conditionsty pertensive Cordio	+ .
11. Industry or business	vosculor reval disease	PHYSICIAN
# 12. Name William a . Sickel	(Include pregnancy within 3 months of death)	PHYSICIAN
13 Birthplace	Major findings:	Underline the
1), bitinpisce	Of operations	cause to which
14. Maiden Name Lunily January		charged statis-
15. Birthplace with Things	Of autopsy	tically.
71111	22. If death was due to external causes, fill in the fo	llowing:
16 (a) Informant Samuel Walking	(a) Accident, suicide, or homicide	
(b) Address 905 dehigh in Ohle Da	(b) Date of occurrence	
17 (a) Parrial 16 Date thereof Sec 9 1939	(c) Where did injury occur?	
(Burial, cremation, or removal)	(City or town) (Cour	
(c) Cemetery or crematory Askedolphon Oa	(d) Did injury occur about home, on farm, industrial	
Location Muladelplain Ja	place?	K7
18 (a) Funeral director allys W Jerryan	(e) Means of injury	00000000000
. Alas 440 & north Carl	23. Signature Harry beerles	-
THY 3 = 3420.	The state of	18/0/39
Date re'd by mond by the true true Milli Revisions	Address LEG 14 august on Date sig	ned 7 a /
The state of the s	Howard & Halder to chief	mes. Che

#### CERTIFICATE OF DEATH GLA Registered No. BALTIMORE CITY HEALTH DEPARTMENT

F 63652

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Und (b) County	
(b) Street address (c) Hospital or institution:	(C) City or town (If outside city or town limits, write RURAL	and give town)
d Length of say in hospital or inst. (yrs., mos., or days)	10 Sure 2016. 1 20 M. Coronion!	ne s
(e) Length of stay in Baltimore (yrs., mos., or days).	(e) If foreign born, how long in U. S. A.? years	
3 (4) FULL NAME		
3 (b) If veteran name was 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 7 1939	230a
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced 6 h Name of husband or wife accob Blake 6 c If alive, give age 6 3 years	above, held an thereon and from (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) to death on the day stated above.	nains described in the evidence
7 Birth date of deceased mo, day, yr January 18 1886		Duration
8. AGE: Years Months Days If less than one day  hr. min  9. Birthplace Ballinine Maryland	Due to	Duranon
10. Usual Occupation House Wife 13	Due to	
11. Industry or business		
12. Namo Loyd Velson Suvis	Other Conditions	DUVELCIAN
13. Binhplace Ballimore Mangland	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN Underline the
14 Maiden Namedellie Field	Of operations	cause to which death should be
2 15. Birthplace Ballyming Maryland	Of autopsy	charged statis-
16 a Informant Jacob Osland	22. If death was due to external causes, fill in the fo	-
17 Susal Date thereof 12-11-1939	(a) Accident, suicide, or homicide (b) Date of occurrence	
Cemetery or cremetory from Calvary	(c) Where did injury occur? (City or town) (Coun (d) Did injury occur about home, on farm, industrial	
Location Chundel anna Col	place? While at work?	
18 (a) Funeral director (18 della Cycle)	(Specify type of place)  (c) Means of injury,	
Address 40 6 Chinanta Wit.	23. Signature MMS welefuft M.D. Medical Examiner	
19 (1) Day rec dim contain Registrar	1/1/39	

3724963653

# CERTIFICATE OF DEATH



78 CERTIFICATI	TOTAL DE DECEASED.	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: ) Baltimore City, Maryland	(a) State Md (b) County	
) Street address ) Hospital or institution: JOHES HOPKINS HOSPITAL	(c) City or town 13 altimost. (If outside city or twn limits, write RURA (If Sucar No 926 ashland (If rural give location)	and we town
Dength of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME & Knick	L	V
(b) If veteran, name war Social Security Afount	TO DATE OF DEATH	9. at 11 2 M
Note Black 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from Dec 5 1939, to Death and that I last saw him alive on Dea 1	ee 7 1954.
(b) Name of husband or wife 6 (c) If alive, give age years		Duration
7. Birth date of deceased mo., day, yr, 5-/2-39  8. AGE: Years Months Days If less than one day hr. min  9. Birthplace Md.  (Town, count), and state)	Due to	2 days
11. Industry or business  12. Name Robert Knight  13. Birthplace	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline the cause to which death should be charged statis-
14 Maiden Name Religion Barley	Of autopsy	tically.
16 (a) Informant (b) Address  18 15. Birthplace  19 15. Birthplace  19 15. Birthplace  10 15. Birthplace  10 15. Birthplace  10 15. Birthplace	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	
(c) Cemetery or crematory Mcalvery Dic 9. 19  Location	(c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, indust place?  (Specify type of place)  (e) Means of injury  23, Signature	county) (State) rial place, in publi work?  M. D. rigned 2 - 7 - 3
19 (a) FC 8 - 1934 Huntington Nollinger	M. Address to the Date	e signed

# HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH	
CERTIFICATE	
TO OF DEATH	(If death occurred in tractitution,
1. PLACE OF DEATH 821 S.CO.KLIN S	St. St. Ward) give its NAME and number.)
TTY OF BALLIMORE. CHAMBE	Wand long in U. S. If of foreign birth !
the an fourth where death occurred	TO S. WAR
ATT: IAS L. FUUTL	S.S. 215-03-9503
021 0.00	St., Ward. (If non-resident give city or town and State)
(a) Residence: No. (Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	DEC. 6 . 19 3
over 4. Color or Race 5. Single, Marita the word)	
ALE WHITE MARRIED	HEREBY CERTIFY That Dec. 6 1995
a. If married, widowed, or divorced HUSBAND of MARY FLURY	I last saw h.M. alive on Sec. 47/10p m.
(or) WIFE of MART PROTES	to have occurred on the date states above.
S. DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of importance were as follows:
7. AGE Years Months 14 S day hrs.	- Koroney J
8. Trade, profession, or particular bind of work dene, as spinner, LACK SMITH sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and occupation)	
9. Industry or business in which work was done, as silk mill,	Other contributory causes of importances
naw mill, bank, etc.  10. Date deceased last worked at this occupation (month and occupation.	) type terring
BALTIMORE MD.	Was an operation performed? Date of
12. BIRTHPLACE (city or town) BALLI INOICE (State or country)	For what disease or injury?
GEORGE FLURY	- Constant
DERMANY	What test confirmed diagnosis
14. BIRTHPLACE (city or town) (State or country)	23. If death was due to external countries of injury
I IS. MAIDEN NAME MARY JOERG	1 9000
16. BIRTHPLACE (city or town) GERMANY	Where did injury occur? (Specify city or town, county, and State Specify whether injury occurred in industry, in home, or in pure specify whether injury occurred in industry, in home, or in pure specify whether injury occurred in industry, in home, or in pure specify whether injury occurred in industry, in home, or in pure specify whether injury occurred in industry, in home, or in pure specify whether injury occurred in industry, in home, or in pure specify whether injury occurred in industry.
I State of the same of Table	
II. INFORMANT MARY FILURY WIFE	place
(Address) OZI 5.00/III	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL DEC. 11	24. Was disass or injury in any way related to occupation of
Place 8.00.11 3 eiler free	24. Was disease of injury in any
18. UNDERTAKED 403 S. WOLF ST.	(Signed) Joseph Sough ac
+020	r. (Address V 4 T. July
1 - 1933 At to the 194 August	

VS 3

#### F 63655

#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH L

Registered No....

TAXABLE DE DELETI	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland	Md.	
AOAO Feetern Ave.	(4)	
(b) Street address 4940 Eastern Ave.	(c) City town Baltimore (If outside city or town limits, write RURAL	and sive town
(c) Hospital or institution:  Baltimore City Hospitals		
	Street No. 216 N. Linwood Ave.	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days	THE PURE AT LANCE OF THE PURE	
(e) Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U. S. A.?	years
The state of the s		
Stephen Zinser	MEDICAL CERTIFICATION	
3 (b) If veteran, name war No. 2 (3 - 05-230)	20 DATE OF DEATH December 6 1939	
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	6 in 30
Male White divorced. Married	1 1 1 1 10 December 2 19 39, to the	2.6 1921.
Anna	and that I last saw h we alive on PUC, 0	) 39 .
6 (c) If alive, give age 43 years	The state of the s	Dyration
7. Birth date of deceased (mo., day, yr.) 11/15/1893	arterio las heptro a lumis	The second secon
7. Birth date of deceased mo., day, yi. 27		1
8. AGE: 1 cars   North   22   hr. min.	Due to	
Belto.		
9. Birthplace (Town, county, and state)	Due to	
Ashestos Worker A	Other Conditions Hypertensin	whenen.
11. Industry or business Unemployed o was.		PHYSICIAN
74.000	(Include pregnancy within 3 months of death)	
Pelto.	Major findings:	Underline the
	Of operations	death should be
14. Maiden Name Annie Ruley	Of autopey not dom.	charged statis- tically.
15. Birthplace Belto.	Of autopsy 22. If death was due to external causes, fill in the f	
16 (a) Informant Records	22. If death was due to external causes, in in the	
(b) Address Baltimore City Hospitals	(a) Accident, suicide, or homicide	***************************************
30/0/30	(b) Date of occurrence	the state of the
(month) (day) (year)	(c) Where did injury occur? (City or town) 1Con	I place in publi
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industria	rk)
Taylor Ave. Ballo. Co.	place? While at wo	
Location I . Oliva & siles las	(e) Means of Injury	
18 (a) Funeral director, 403 Swalfe t.	- Morradilla de la como	-
T (b) Address 1000 - Wise . U.S	23. Signature	M. D. signed /2-6-39
10 lav 0 = 1333 m At 1/1/1911 Mar	Address Jallo wy Date 9	Ruca

# TIMORE 63656

63656 HEALTH DEPARTMEN	I—CITY OF BALTIMORE
	TE OF DEATH V 94
1. PLACE OF DEATH CITY OF BALTIMORE: (Nd. 526-EPra	Registered No.  (If death occurred in a hospital or institution, give its NAME instead
	of street and number.)  mondn. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. Hertrude!	slul -11
(a) Residence: No. 10 26 2-1 Mal	Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Color or Bare 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year)  22.   1 HEREHY CERTIFY, That 1 attended deceased from
Sa. If married, widowed of directed Blue	I last and hallow on 11/28 . 1938. Death in said
6. DATE OF HIRTH (month, day, year) Man. 13-1900	to have occurred on the date stated above, at 7, 30 m
7. AGE Years Months Days If LESS than 1 day. hrs. or gala,	The perhelpal cause of death and related causes of importance when as follows the second of the seco
8. Trade, profession, or particular kind of work done, is spinner. Articlet sawyer, buckkeeper, etc.  9. Industry or business in which work was done, as all mill, saw mill, bank, etc.  10. Date decensed last worked at this occupation (month and spent in this occupation (month and spent in this occupation)	Heyle Berrich Herenel
12. HIRTHPLACE (city or town! Maryland	Houle references
11. NAME Mulliurrer  14. BIRTHPLACE (city or town) furthermu	Name of operation  Want test fundament diagnost Was there an autopey 200  23. If doubt was due to external causes (violence) fill in also the fol-
16. BIRTHPLACE Jelty or of withurn	Needlent, suicide, or homicide? Date of injury . 19  Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT Samuel Blue St.	place
Place Wif Calrey Dataffee 8 13	Nature of injury
13. UNDERTAKE Wendell Wirell	24. Was disease or injury in any way related to occupation of deceased.  If so, specify
were to de Min. wa	(Signed)

HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. .. 1. PLACE OF DEATH (If death occurred in a hospital or institution give its NAME, instead of street and number.) CITY OF BALTIMORE: (No. 221 S. Collington Ave. If II. S. Veteran 2. FULL NAME August Griffner specify WAR (a) Residence: No. 321 S. Collington Ave. St., Ward. (If non-resident plus city or taren and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6. Single, Married, Widowed, or Divorced (write the word) W120Wed 21. DATE OF DEATH (month, day, year) Dec 3 4. Color or Race 2. SEX I WEREBY CERTIFY, The I attended decement from morniber 8 139 wellecenter 6 139 Sa. If in rice widowed, or diverced I last saw heles alive on December 6, 1939 Death is said III SBAND of Griffner Bertha to have occurred on the date stated above, at .. 10: 501 M (or) WHE of The principal capse of death and related causes of 6 BATE OF BIRTH (month, day, year) If LESS than Months T. AGE 1 day ......hrs. or .min. ). I rade profession, or particular Shoemaker kind of work done, as spinner, anyer, bookkeeper, etc. " industry or business in which work was done, as silk mill. saw mill, bank, etc. 11. Total time (years) 10. I have de eased last worked at spent in this the occupation (month and occupation Koenigsburg 12. BIRTHPLACE felty or town Was an operation performed"-Germany (State or country) For what disease or injury? 12 NAME Griffner What ted confirmed disposes. Was there an autopay?

23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town) Gernand (State or country) lowing: Accident, suicide, or homicide. Date of injury.... 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) 16. BURTHPLACE (city or town) Germany Specify whether injury occurred in industry, in home, or in public State of country) Mr. Wa. Griffner place 12 INTORMANT 221 S. Collington Av Manner of In ury (Addres) IS BURIAL, CREMATION, OR REMOVAL Nature of injury SpecePaul's 5th Ref. Data Dec. 9, 139 M. Was disease or injury in any way related to occupation of deceased? H. SANDER & SON INC no 19. UNDERTAKER Biltimore & Brandway Address

# CERTIFICATE OF DEATH



Regist Frd NG3658

63656	OF DECLASED.
PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
Street address Hospital or institution: West Balto gen !	Good City or sown Baltimore Ma. (If outside city or town limits, write RURAL and give town)  West Baltimore Han. Hoop.
1 A I was a large to the DE COR.	4 days Parents - 2 315 6. Biddle 10. 4. 4 days (1) If foreign born, how long in U. S. A.?
a FULL NAME Baby Boy MA	
3 & Social Secu No.	20 DATE OF DEATH December 8 1939, at 2:45 AM
Male White divorced. surge	12/4/1037 /-/4 193/
6 (b) Name of husband or wife 6 (c) If alive, give ag	e Vyears Immediate cause of death
7. Birth date of deceased mo, day, yr 12/3/. 8. AGE: Years Months Days If less that hr.	n one day min. Due to
9. Birthplace Battimore, Md. (Town), county, and state	Due to
10. Usual Occupation 11. Industry or business 12. Name John a. Men	Other Conditions  Cinclude pregnancy within 3 months of death)  PHYSICIAN
12. Name John W. 13. Birthplace Wilming long	Occ. Major findings: Of operations  Understand to white death should be
14. Maiden Name Clark	Of autopsy tically.
15. Birthplace /Jallo. Ma. 16 (a) Informant John a. Minto	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence
17 a Carrial b Date thereof a (mon	th) (day) (year) (c) Where did injury occur? (City or town) (County) (State)
Location . Mostly sur	place? (Specify type of place) While at work?
b Address 77 33 35 8. Oly	23. Signature Leonard Callenstein
19 and Cod Free Control	Registrar Address West Butter, Tolker Hoff Date signed 77

CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. ds. How leng in U. S. If of foreign birth !.....yrs..... Length of residence in city or town where death occurred .mos.... If U. S. Veteran apecify WAR Ward. (n) Residence: No..... (if non-resident give city or town and State) Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) 4. Color or Race CERTIFY, That I attended decouncil from 1931, to See 713 I HEREBY CERTIFY, Mass Campace 1 I last naw he alive on Dec 174, 1-37. Death is said to have occurred on the date stated above, at 345 m. 5a. If married widowed or divorced HI SBAND of (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) If LESS than importance were as follows Outs at a Months Days Years 7. AGE 1 day, hra. anostexa min. aleus Velegons 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, Other contributory causes of imp saw mill, bank, etc. 11. Total time (years)
spent in this 10. Date decensed last worked at this occupation (month and occupation. year) Was an operation performed? 12. BIRTHPLACE (city or town). (State or country) For what disease or injury? -Name of operation What test confirmed diagnosis flavored and there an autopsy Ly 14. BIRTHPLACE (city or town) 23. If death was due to external causes (violence) fill in also the fol-(State or country) lowing: ....Inte of injury ..... Accident, sulcide, or homicide?... 15. MAIDEN NAME Where did injury occur?... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public is, BIRTHPLACE (city or town (State or country) place 17. INFORMANT (Address) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? MO If so, specify asses, M

## CERTIFICATE OF DEATH

	1000		
. 1	Rogist	CO	CCO
16		12.5	DOU
20	Registe	ered No	
7			

F 63000 CERTIFIC	ATE OF DEATH
OF OF DELTH	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Md. (b) County
I WAR DOWN I Am	and (a) State of Stat
Street address 4010 COM Stropes VI	(c) City of town (If outside city or town ilmits, write RURAL and give town
Hospital or institution:	
	de Street No. 7.010 War Market Land
Length of stay in hospital or inst. yrs., mos., or days)	
Length of stay in Baltimore yra., mos., or days)	(e) If foreign born, how long in U. S. A.?
a FULL NAME MA. Sima N. C	onley WEDICAL CERTIFICATION
(b) If veteran, name war	20 DATE OF DEATH MILE. 0- 1934. at 1 -1.1
Sex / 5. Color or race 6 (a) Single, married, widow	ed, or   21 1 aniforthat death occurred on the date above stated; that latten
Himale Time divorced/assued	ad deceased from (181989, ta/126, 1919)
Thomas & tomis	and that I last saw hat alive on 1937.
Name of husband or wife 11 11 11 11 11 11 11 11 11 11 11 11 11	Ayears Impediate cause of death
	69 Courcin mas of Lines MANNE
5. AGE: Years Months Days If less than one da	
70 > 14 hr.	min. Due to
- I want to all	1
9. Birthplace Jafotta (Town, county, and state)	Due to
10. Usual Occupation M Nome	
11. Industry or business	Other Conditions PHYSICIA
12. Name I homas Iraidi	(include pregnancy within 3 months of death)
	Major findings:  Underline
13. Birthplace	Of operations . death should
# 14. Maiden Name 10 May 1 Mamore	charged sta
15. Birthplace Marylandi +	Of autopsy
Win & Vice Welrick	22. If death was due to external causes, fill in the following:
16 (a) Informant / M. C.	(a) Accident, suicide, or homicide
(b) Address 7710 (DITAM) Alex 9	1939 (b) Date of occurrence
17 (a) (b) Date thereof Mills (pointh) (pay	(c) Where did injury occur? (City or town) (County) (Stat
Il read torok!	(d) Did injury occur about home, on farm, industrial place, in pu
(c) Cemetery or crematory	place? (Specify type of place) While at work?
Location Aller Control of Tours	
18 a Funeral director of aparticular to the format	(e) Means of injury
(b) Address 3631 fralle from 5	23. Signature M. D
1600 - 1039 un in trus Holliams	Address S D W 06 M Date signed the

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## BALTIMORE CITY HEALTH DEPARTMENT

63661  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.		
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:  (a) State laryland (b) County  (c) City or altimore, Maryland  (d) Street No. 3420 Chestnut Avenue  (If rural give location)  (e) If foreign born, how long in U.S.A.?	and give town)
(a) FULL NAME  ROSS B. NOWLIN  (b) If veteran, name war  (c) Social Security Account	MEDICAL CERTIFICATION  19 39.	a2:52A M
5. Color or race 6 (a) Single, married, widowed, or divorced.  1. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  1. Sex 6 (a) Single, married, widowed, or divorced.  1. Sex 1. Se	21. I certify that death occurred on the date above stated ed deceased from Oct. 18, 19 39, to Dec. ed deceased from Oct. 18, 19 39, to Dec. and that I last saw him alive on Lec. 8, 19 Immediate cause of death Pernicious anemia.  Due to	
10. Usual Occupation  11. Industry or business  12. Name  13. Binhplace  14. Maiden Name  15. Birthplace  16. a Informant  16. b Address  17. a Durial  18. Cemetery or crematory  18. a) Funeral director  18. a) Funeral director  (b) Address  18. b) Address  19. c) Country  19. c) Count	(b) Date of occurrence	ounty) (State) al place, in publ ork?  M. D.

# CERTIFICATE OF DEATH

F 63662 Registered No.

	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH:	
(a) Baltimore City, Maryland Cliftwood Cine	(a) State Md (b) County
U Contract and Con	(c) City or town Balto.
c Hospital or institution:	(c) City of town
	or sure to. 2109 Cliftwood Que
d) Length of stay in hospital or inst. (yrs., mos., or days)	Tural give location
	(e) If foreign born, how long in U. S. A.? years
e Length of stay in Baltimore (yrs., mos., or days)	1.0000000000000000000000000000000000000
3 (a) FULL NAME Charles Wieners	V CERTIFICATION
3 b) If veteran name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH We 8 1937, at M
4. Sex 5. Color or race 6 a Single, married, widowed, or	21 I certify that death occurred on the date above stated that lattend,
m W. divorced. Widower	ed deceased from
6 (b) Name of hueband or wife Cerelia C. Mausel	and that I last saw h revalve on 12/8-1939.
6 b) Name of husband or wife 6 c If alive, give age years	Duration
1	1 1 mitisalace the
7. Birth date of deceased mo., day, yr. Savil -1854  8. ACE. Vests Months Days If less than one day	Sufimmatics forger 8200
O AUL:	5 All 1 1. 1/2 ude . 1 1/1/11
85 10 hr. min.	Druce for the 6 mo
9. Birthplace Belt and	Due to A ANY
O'Tawn, county, and mares	
10. Usual Occupation	Other Conditions
11. Industry or business	PHYSICIAN
12. Name Charles Winers	(Include pregnancy within 3 months of death)  Major findings:  Underline the
13. Birthplace Gunary	Of operations O which
	death should be charged statis-
14. Maiden Name Centonette - 15. Birthplace Sermany	Of autopsy tically.
15. Birthplace	22. If death was due to external causea, fill in the following:
16 (a) Informant Mary M. Barrett	(a) Accident, suicide, or homicide
(b) Address 2/09 Cliftwood Cin	(a) Accident, suicide, of home (b) Date of occurrence
17 19 Burial 1 Date thereof 12-11-3	Where did injury occut?
(Burial cremation, or removal)	(d) Did injury occur about home, on farm, industrial place, in public
(d) Cemetery or crematory	While at work? I
Location &	place? (Specify type of place)
18 (a) Funeral director Konard & Cuch	(e) Means of injugation of the state of the
b) Address 5 305 Aaylad Rd.	23. Signature M. D.
	1240 MILA State monet
19 (a) Registrar	Address 7 V Chi

BALTIMORE CITY HEALTH DEPARTMENT

159 Registered No. G3GG3

CERTIFICA	ATE OF DEATH	(1)(30)
63663 CERTIFICA	2. USUAL RESIDENCE OF DECEASED:	1 3 3 3 1
PLACE OF DEATH:	(a) State Tola (b) County	
Baltimore City, Mayland Street address	B. Co. Mary	
Street address	(c) City it town Ballinger (If outside city or town limits, write RURAL)	and give town)
Hospital or institution:	7. 219 N 333 St.	
Market Step A.	(If rural give location)	
Street address Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	e) If foreign born, how long in U. S. A.?	years
Length of stay in Baitimore 'yes, men		
(a) FULL NAME	MEDICAL CERTIFICATION	
(a) FULL HAME Same wat 3 (c) Social Security Aco	ount 19 37	, at 13 M
b) It veteran, name	20. DATE OF DEATH  21. I certify that death occurred on the date above state	d; that lattend-
Sex 5. Color or race 6 (a) Single, married, widowe	ed, or 21. I certify that death occurred on the date above state of ed deceased from Dec 9 19 32 to leaving and that Harlang Deceased from 19	minute.
J. Sex divorced.	ed deceased the way that was 19	
	years Immediate cause of death Ceopuratory, Jacks	Duration
6 CH allve, K.		-
- 1/m day ve 1/5/ == 1/3/		2
7. Birth date of deceased mo., days If less than one da	min. Due to Premaly francis	-
8. AGE: Years Months Days It less than one he	min. Due to fremant freguency	
	Due to	
9. Birthplace (Town, county, and state)	6º Due to	
10. Usual Occupation	Other Conditions	
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Woodson Dykes	(Include pregnancy within a	Underline th
12. Name	Major findings: Of operations	death should b
13. Birthplace	Of operation	charged statis
14. Maiden Name Rose Darouon	Of autopsy.	tically.
14. Maiden Name  15. Birthplace  A acto  Med	and the hand was due to external causes, fill in the	following:
Man. Keener	(a) Accident, suicide, or homicide.	-
16 a Informant Mes	(a) Accountence	
(h) Address . Dudwest See 9.	-/ / J   I injury occur?	ounty) (State)
17 (a) Date thereo (month) (da (Huriai, eremation, or removal)	about home, on farm, industr	nal place, in pub
		work?
(c) Cemetery or orematory	place? (Specify type of place)	
Location The Lecture my	(e) Means of injury	in that
18 (a) Funeral director	23 Signature Hough 25 to 100	M. D.
(b) Address + Killing	Vivi Nodelar Date	signed 74 of
1975 C. 8 - 1939 Huntington Miller	Henry Address	

### 63664

## BALTIMORE CITY HEALTH DEPARTMENT

1	1-a
1	Registered No.
1	F 63664

0.004	CERTIFICATE		00004
d Length of stay in hospital or inst. (yrs., in Length of stay in Baltimore (yrs., mos., 3 (a) FULL NAME	mos, or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State   16) County  (b) County  (c) City or town   16   17   17   18    (d) Street No.   8 & 7   16   16   17   18    (e) If foreign born, how long in U. S. A.?  MEDICAL CERTIFICAT	re RURAL and give town)  Accepted to years  TION
No.	2	20. DATE OF DEATH Necember 7	1937, at M
divorced.	e, married, widowed, or	21. I certify that death occurred on the date ab ed deceased from 12 \$ 1939, to and that I last saw h & alive on 260	overated; that lattend-
6 & Name of hueband or wife 6 (c) If ali	ve, give age years	t the state of the	Duration
7. Birth date of deceased mo. day. yr.)	- 117	Immediate cause of death Indovardates	Volago
12 1 0	hr. min.	Due to Harrister	6 nos.
9 Birthplace Juliant	y, and state)	Due to allers o Selimino	6 mrs.
10. Usual Occupation	Ç.	Other Conditions	
11. Industry or business  12. Name  13. Birthplace  14. Maiden Name	makorl L Inow	Include pregnancy within 3 months of dea  Major findings:  Of operations  Of autopsy	PHYSICIAN  Underline the cause to which death should be sharged statistically.
15. Birthplace Julian at	- 1W-11	22. If death was due to external causes, fill	
17 a Maria b Date the (Burial cremation, or removal)  (Cemetery or crematory Location  18 a Funeral director	Mbe 11 999	(a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, i	(County) (State)

100	
100 M	10.5
1363	

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# BALTIMORE CITY HEALTH DEPARTMENT

3-19-5-		CERTIFICATE	OF DEATH V	0.000
W. 1. 1. 1.	•		2. USUAL RESIDENCE OF DECEASED:	
Hospital or in	, Maryland 514 Sts	amford Road	(c) City or town Baltimore (b) County (c) City or town Baltimore (b) State No. 1514 Stamford Rd. (d) State No. 1514 Stamford Rd.	
Length of stay	y in hospital or in	rs., mos., or days)B. YTS.	If foreign born, how long in U. S. A.)	yeare
	Louisa C		OPPETITION ATION	
(b) If veteran, t		3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 6, 193	9 pat M
artim.	115.440	(a) Single, married, widowed, or divorced. Widow	21. I certify that death occurred on the date above at ed deceased from 100. 1939, to 1 and that I last saw h Walive on 1000.	C. 61939.
(b) Name of h		ate Silon A. Henke: 6 (c) If alive, give age years	lumediaty came of that	Duration 2 days
Birth date of 81  Birthplace  Bull Decumber of 12. Name 13. Birthplace	pation H • Own	Town, county, and state)  Home  Linhoss	Due to  Other Calattions  (Include prognancy within 3 months of death)  Major findings:  Of operations  Of autopsy	PHYSICIAN  Underline t cause to whi death should charged stat tically.
(b) Addre	al cery or crematory on Lew Mar	77-	22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide	(County) (State trial place, in pul

## F 63666

# CERTIFICATE OF DEATH

54.

PRINTINGG

CERTIFICALE		
	2. USUAL RESIDENCE OF DECEASED:	1
PLACE OF DEATH:	(a) State Med (b) County Howa	ud.
Street address Street & Lowburd.	900 / L	
Street address	(c) City present Deleteste Write RURA	L and give town
Hospital or institution:	14	
university from the	(1) Street No. (1f rural give location)	
d) Length of stay in hospital or that. (yrs., mod., or days) 1300.13	(e) If foreign born, how long in U. S. A.)	years
Length of stay in Baltimore (yrs., mos., or days)		
(a) FULL NAME ( Carey .	- TISICATION	
Denganian Security Account	MEDICAL CERTIFICATION	0 00000
(b) If veteran, name was No.	20. DATE OF DEATH Dec. 8 193	, at MM
6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above qua	ted; that lattend-
Sex S. Color of face divorced.	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17011
M pine	and that I last saw have alive on	9.57.
(b) Name of husband or wife 6 (c) If alive, give age years	a second death	Deration
	Prematurity	
7. Birth date of deceased (mo., day, y) Nov. 7, 1939.  Months Days If less than one day	T	
8. AGE: 1 cars   Months	Due to	
111111	A	
9. Birthplace University Hospital.	Due to	
LMY		
10. Usual Occupation	Other Conditions	
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name of runlating any	Major findings:	Underline the
13. Birthplace	Of operationa	death should be
+ -00 dhis 0. L		charged statis
14. Maiden Name / watte saying	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	tollowing:
16 (a) Informant Barblin Carey	(a) Accident, suicide, or homicide	
(b) Address Desperter	(b) Date of occurrence	
17 10 Dete thereof 12	(c) Where did injury occur?	County) (State)
(Burial, cremation, or removal	(d) Did injury occur about home, on farm, industr	rial place, in publ
(c) Cemetery or crematory	White at	work?
Location Location	(Specify type of place)	0
18 (a) Funeral director	(e) Means of injury	Concas
(b) Address Clear the Will and Mil	23. Signature.	M. D.
of tuber manual	Address Ulw. Hosp. all Date	signed /2-8-
19 (a) Registrar Registrar		

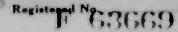
### HEALTH DEPARTMENT-CITY OF BALTIMORE

HEALTH DEPARTMENT	The second secon
SECT CERTIFICAT	E OF DEATH 93-C F 63667 Registered No
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 2243 Chem	to become de
CITY OF BALTIMORE: (No	mosds. How long in U. S. If of foreign birth? Oyrs
2. FULL NAME many m. Poniebay	usky apecify WAR
2243 Chem au	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Dec. 5 . 1939 22. I HEREHY CERTIFY, That I attended deceased from
5a. If married, wildowed, or divorced	July 10 , 1936, to Dae 3 , 1939
(or) WIFE of John Pometrazinsky	I last saw has alive on. A 3 , 1936 Death is said to have occurred on the date stated above, it 2:30Am.
6. DATE OF BIRTH (month, day, year)  7. AGE  Years  Months  Days  1 day,hra. or min.	The principal cause of death and reinted causes of importance were us follows.  Chy. My occupates
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	
work was done, as silk mill, saw mill, bank, etc.  10. Data decreased last worken at this oc upation (nonth and year)  11. Total time (years) apent la this occupation occupation	Other contributory ensure of Importances  Chr. Automo-Salanosas years?
12. BIRTHPLACE (city or town) Lithunia (State or country)	Was an operation performed?  Date of
D Jews	Name of operation
13. NAME  14. BIRTHPLACE (city or town)  15tate or country)	What test confirmed diagnosis? . Was there an autopsy:
15. MAIDEN NAME	Nhere did injury occur?  (Samel's city or town, county, and State)
16. BIRTHPLACE (city or town) Turner (State or country)	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT Daughter morgan L. Ceun	place
18. BURIAL, CREMATION, OR REMOVAL	Nature of Injury
Place Holy Redeen Date Pd. 9/39	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER Charles Justifyth	(Signed) Wather & and M. 1
29 May 0 - 1839 10 The truster Millians	(Address) 3228 Eastern avy

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Q2 - Registered No.

F 6.3666 CERTIFICATE	and the second s	3()()()
b) Street address 30 2 6 W. Mosth dur b) Street address 30 2 6 W. Mosth dur c) Hospital or institution:  d) Length of stay in hospital or inst. (yrs., mos., or days) c) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town  (1f outside city or town limits, write RURAL  (d) Street No. 3026 W. Morth  (If rural give location)  (e) If foreign born, how long in U. S. A.?	and give town)
3 (a) FULL NAME William F. Cl	alough	
3 (b) If veteran, name war  No. MME	20. DATE OF DEATH NEC 7 1939	1030 PM
4. Sex 5 Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from Oct 7 1913. to Deceased and that I last saw have alive on Sec 7 19	1937 .
7. Birth date of deceased mo. day, yr Fe 6 2/21/1848	Immediate cause of death Carden Arthura	DALTION
8. AGE: Years Months Days II less than one day hr. min.	Due to Wither and Antes Stewars	
9. Birthplace (Town, county, and gtate) 10. Usual Occupation	Due to Other Conditions	
11. Industry or business Printer  12. Name John H. Clabaugh  12. Name Md.	Other Conditions  (Include pregnancy within 8 menths of death)  Major findings: Of operations	PHYSICIAN Underline the cause to whice teath should be
14 Maiden Name avandra Clapsaddle  15. Brithplace  15. Brithplace	Of autopsy NO	charged statis
15. Berthplace  16 (a) Informant has. C. Clabaugh  b) Address 126 W. North were  17 (a) Burial aremation, or remained (month) (day) (year)  (c) Cemetery or crematory Cathedral  Location  18 (a) Funeral director William Cool  (b) Address  (c) Address	22. If death was due to external causes, fill in the formal causes, fill in	inty) (State) I place, in publ
BFC and god the ton Williams M.R.	Address 3048 H. Marth A. Date si	Ruedi of

# CERTIFICATE OF DEATH



PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland D. 101	(a) State 12 A (b) County	
b) Street address 50 6 No Post St. Hospital or institution:	(c) City of town (if out id city or town limits, write RURAL	anit give town)
	(d) 811 No. 206 11 Port VI	
d Length of stay in hospital or inst. (yrs., mos., or days)	(II fura) give location)	
e) Length of stay in Baltimore (yis, mos., or days)	(e) If foreign born, how long in U. S. A.?	years
1 FULL NAME Raised		-0
3 h It veteran, name was 3 fc Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH MIMME ( 19)	tory nu
4. Sex 5. Color or race 6 (a) Singler prarried, widowed, or	21. IHEREBY CERTIFY, That I took charge of the ren	
in worked plans	above, held an Lucury thereon and from	n the evidence
6 11) Name of huaband or wite lethe C Causes	obtained by and ' find that said	decensed came
6 (e) If alive, give age years	to his death on the day stated above.	
7. Birth date of deceased mo day, vr. Dec 26 1804		Duration
8 AGE: Years Months Days If less than one day	Immediate cause of death	Duration
1/ 10 hr min	Concusion of lung	
9 Bribplace Buth more mit	Due to	
	L'ue to	
10. Usual Occupation we needle Ciliad	Due to	
11 Industry or husiness	41 1 111	
12 Name Voken Rauch	Other Conditions Dastru Mu	
= 13 Birthplace Balts. Md.	(include pregnancy within a months of death)	PHYSICIAN
# 14 Marden Name Jarah Vasor	Major findings	t a derline th
14 Maiden Name	Of operations	deatt shuld be
15. Buthplace Balto. 2nd		charged state
16 10 Interment Char 2. Kinschner	Of autopsy	tically
Address Roy 13 10 Bx 190 mich	22. If death was due to external causes, fill in the fo	ottowing
17 urial b Date thereof 9/39	(a) Accident, nuicide, or homicide (b) Date of occurrence	
(month) (day) (year)	(c) Where did injury occur?	
Cemetery or cremutory 9112 numbers	d Did injury occur about home, on farm, industrial	
Location Balto Md	while at wo	rk?
18 1 Funeral director William Cook	(Specify type of pigce)	
Address 22 St. Parel of	23. Signature Methoal Examine	M.D.
19 (d) There rould by a patent of the Rendstrar	Date signed / 4/7/59	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH: 1512 Silmor ST	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md (b) County
(b) Street address Lood Sheffer Len	5 11
(c) Hospital or inspirition	(c) City or town of allumore city (If outside city or town limits, write RURAL and give town)
Loopital	012 1/07 1/2
2560	Street No. 1607 Houngs' Court
d Length of stay in hospital or instruyrs, mos., or days 25 da	( III talang to location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME	
3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Dec 6 1939 . nt / . 30 M
4. Sex 5 Color or race 6 (a) Single, married, widowed, or	
divorced	21. I certify that death occurred on the date above stated; that lattended deceased from HOV 11 1939, to Sec 6 1939,
+ ngw waow	
6 (b) Name of husband or wife	and that I last saw h alive on 12-6-1939.
6 (c) If alive, give age years	Immediate cause of death Cabelle Duration
7. Birth dute pf deceased (mo., day, yr.)	Coma.
8. AGE: Years Months Days If less than one day	Jal
. 5.5 4 hr. min.	Due to Foxaema
	94 100 100 114
9. Birthplace (Town, county, and state)	Due to day and a mo
10. Usual Occupation	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. Industry or business	Other Conditions may nuture
7 4 1100	anewa secondary PHYSICIAN
E 12. Name	ilinclude pregnancy within 8 months of death)
13 Birthplace Gallo mg	Major findings:  Of operations  Underline the
14. Maiden Name Laws Hawkins	death should be
	Of autopsy tically
■ 15. Birthplace	22. If death was due to external causes, fill in the following:
16 a Informant Violes	(a) Accident, suicide, or homicide
(h) Address 5808 Barkleight and	(b) Date of occurrence
17 (a) (b) Date those of 12 10-39	(c) Where did injury occur?
(lurial cremation, or removal) (month) (day) (year)	(City or town) (County) (State)
(c) Cemetery or crematory Magothy	(d) Did injury occur about home, on farm, industrial place, in public
Location a. a. Contenty Mile.	place? While at work?
18 a Funeral director Mrs Challes D. Baile	
District the Marine of	Means of injury 18 / Laster W)
Off Address / 7 2/ Marie 100	23. Signature 20 12 4 D.
19 hr y = 10 20000 (1) where the	Address 5 12 Julian Date signed 139
1333	1-1

BALTIMORE CITY HEALTH DEPARTMENT GENTLE OF DEATH

3671	CERTIFICATE	OF DEATH	92 F	63671
.)()()	12	USUAL RESIDENCE OF	DECEASED:	- 63
Balimore Cuy, Maryland		a State	b County	mil
Baltimore City, Maryland Street address Hirin Hospital or institution: 334	Polvet. 1t.	1) Street No. 4-2	oty or town limit , write	To M.
or	inst. yrs., mos, or days	(e) If foreign born, how	v long in U. S. A.?	66 years
Length of stay in Baltimore	yrs., mos., or days			
a FULL NAME James	Social Security Acceptant	?	DICAL CERTIFICA	19.5 7. at Apr
b) If veteran, one was	No. Single, married, widowed, gr	20. DATE OF DEATH 21. I certify that death	occurred on the date a	bove stated; that lattend-
Sex 5. Color or spice	divorced. Manuel	ed deceased from	alive on par	e.71939.
B Name of husband or wife		Immediate cause of dest	sets Vier	540-
Birth date of deceased mo.	Davs If less than one day	arti	no elmi	3
AGE: 66 TE	19 hr. min.	Due to		
9. Birthplace Marsh	(Toyo, counts, and state)	Due to		
10. Usual Occupation		Other Conditions	a subsection	death)
11. Industry or business	and the Why	Major findings:	ancy within 3 months of	Underline the
12. Name 12. Name 13. Birthplace 11.	stall; finter	Of operations		death should be charged statis- tically.
14. Maiden Name	any R. Sil	Of autopey		
15. Birthplace	vity i ash;	22. If death was d	ide, or homicide	fill in the following:
16 a Informant 149	1 1/26 17	Date of occur	rence	(State)
17 a Merial Rurial Burial, cremation, or r	b Date thereof (month) (day) (yes	1 / 2 2 2 2 2	ury occurr	rm, industrial place, in publ
(c) Cemetery or crema			ecify type of place)	While at work?
Location Long	Award H. Black	(e) Means of inju	) and	Jehrender M. B.
18 a Funeral director	4 Belair dood	23. Signature.	114. mie	An Date signed 2 -8"
19 DEC 9-19	Attention to Philadelphille	Address A	rela, MA.	- hist.
(Date rec d by region)	- 0	RH ANBlas	A Decer	

# CERTIFICATE OF DEATH

68 Registered No. 63672

63672	CERTIFICATE	OF DEATH	3176
		2. USUAL RESIDENCE OF DECEASED:	15-11
PLACE OF DEATH: Baltimore City, Maryland		Mp (b) County	
Street address		BAltimore	and give town)
Hospital or institution:	KS HOPAINS HOSPITAL	2 Street No. 1.518 PATAPSCO (If rural give location)	
Length of stay in hospital or	yra., mos., or days). LIFE	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Daniel	D 11		
	A Ruhland  3 (c) Social Security Account	medical certification  20. DATE OF DEATH Dec - 7 1939	1/30 P
b) If veteran, name war	No. 6 (a) Single, married, widowed, or	20. DATE OF DEATH Dec 2.  21. I certify that death occurred on the date above state	d; that lattend-
1 Notite	divorced MARRIED	21. I certify that death occurred on the date above the ded deceased from Dec. 7 1939, to Dec. and that I last saw her alive on Dec. 7 19	
6 b) Name of husband or wife	FREDERICK years		Solden
	Aug # 1897	Hemolyte Staphenous	10-70
8. AGE: Years Months	Days If less than one day hr. min.	Dung Endocarditio	
47 \$ 2 RALT	MORE	Advinal Insufficiency	
y, Dittiplece	Town, county, and state)  HOUSEWIFE		
10, 0000.		Other Conditions	PHYSICIAN
11. Industry or business  12. Name  13. Birthplace	ph CONWAY	(Include pregnancy within 3 menths of death)  Major findings:	Underline the
13 Birthplace	BAITO. WE hER	Of operations	death should be charged statis
14. Maiden Name MA	Rtha WEBER Balto.	Of autopsy Sumu as above  22. If death was due to external causes, fill in the	following:
16 (a) Informant	WANTER MOSPITAL	(a) Accident, suicide, or homicide	
(b) Address 101	b Date thereof /2 /1/39	(b) Date of occurrence	ounty) (State)
17 (a) D. R. AL. (Eurial, cremation, or res	M+- NISET	(d) Did injury occur about home, on farm, industr	ial place, in pub
Cemetery or cremato	dERICK Rd.	place? (Specify type of place)	- A P
18 (a) Funeral director	GO T Out	(e) Means of injury Alare	land M. D.
(b) Address 130	(b) in the Williams	Address Amotoplins fice Date	signed X"
19 19 mars - Change of	A Town I WALLES	N.R. Indelen andl	ackbox

# CERTIFICATE OF DEATH



63673	CERTIFICATE	OF DEATH 4 1 1 15.5	0.00
6.0070		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland Street address 3004 Greenspr Hospital or institution:	ing Avenue.	(a) State Md (b) County (c) City or town Baltimore (If cutside city or town limits, write RURAL at (If cutside city or town limits, write RURAL at (If rural give location)	nd give town)
Length of stay in hospital or inst. (	yra., mos., or days)	(c) If foreign born, how long in U. S. A.? 48	years
	io Mazulla	MEDICAL CERTIFICATION	
b) If veteran, name war	No.	December 8 1939	at 7 '°Q,M
Male White divor	Married	21. I certify that death occurred on the date above stated ed deceased from april 197 1939, to Nec and that I last saw him alive on Nec 7 19 Immediate cause of death	
9. Birthplace Italy (Tews	hr min.	Due to	9 month
10. Usual Occupation Tailor	-Solf	Other Conditions certerio Selevoses	PHYSICIAN
12 Name Salvatore 1 13 Birthplace Italy		(Include programmy within 3 months of death)  Major findings:  Of operations	t nder) he the cause to which death should be harved tat s-
14 Maiden Name Vincenza 15 Birthplace Italy		Of autopsy 22. If death was due to external causes, fill in the f	ollowing:
16 (a) Informant Mrs. Teres	y alone	(a) Accident, suicide, or homicide	
17 (a) Burial (b) (b) (c) Cemetery or crematory (c) Cometery or crematory (c) Location Bultimor (c) Funeral director (c)	Date thereof Dec 11th 13 (year cathedral	(d) Did injury occur about home, on farm, industria place? (Specify type of place)  (e) Means of injury  23. Signature / A. M. clubs a. Address 2 3 30 Evlan Pl Date s.	d place, in publi ork?

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63674

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	ma ma
(b) Street address 20 ) Quantity	(a) State (b) County
(e) He-pital or institution:	(c) City or town (Dalleme
	(If obtside city or town limits, write RURAL and give town)
	1 swed No. 20 ham the St
d Length of stay in hospital or inst. (yrs., mos., or days)	If rura give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years
3 (a) FUCCIONATE LE WORL	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. nume	20. DATE OF DEATH Dec 6 1939 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or dispreed.	21. I certify that death occurred on the date above stated; that lattend-
tande wo Married	ed deceased from 15 1939 to 0 ac 6 1939.
6 (b) Name of husband or wife	and that I last saw h sualive on 1) ac 6 193 9.
6 (c) If alive, give age years	Iguarediate cause of death
7. Birth date of deceased (mo., day, yr.)	( ) to Secretar remains
8. AGE: Years Months Days If less than one day	Malan Malan
53 hr. min.	Due to 25
0 4 3 0	
9. Birthplace (Town, county, and state)	Due to 2 9
10. Usual Occupation	3
11. Industry or business	Other Conditions
# 12. Name	PHYSICIAN
12. Name	Major findings:
	Of operations the cause to which
H 14 Maiden Name	death should be charged statis-
15. Birthplace	Of autopsy . tically.
16 (a) Informant Mus Many Williams	22. If death was due to external causes, fill in the following:
(b) sylvess 207 assently 80	(a) Accident, suicide, or homicide
12 '0	(b) Date of occurrence
(Burial, cremation, or removal) (month) (as) (lear)	(c) Where did injury occur?
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location 7 22 2 22 27	place? While at work?
A 1 7 -1201/1/12	(Specify type of place)
June Funeral director la Kaff or No & Milliamy	(e) Means of injury
M Aggress Sa a 11- aprinology for	23. Signature ser ce , alle
19 (a) Date res 230 trail	Address S Date signed 29-39
VS 3	

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63675

673	E OF DEATH 106-15
CERTIFICAT	E OF DEATH / C
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 229 27	(16 death occurred in a hospital or institution.  St. (10 Mart) give its NAME instead
CITY OF BALTIMORE: (No	of street and number.) mon_to_dn. How long in U. S. H of foreign birth "
Learn'th of residence in city or town where death occurred L. Yra. 1 4	MOA_fu_GR. HOW KINK IN THE STREET APPENIES WAR
2. FULL NAME LONG 1/2 1/20Cann	- Precision
2629 W. Charles St.	St., Ward. (If non-resident give city or town and State)
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I was a Married Widowed	21. DATE OF DEATH (month, day, year) DEC 3 = 1939
or Divorced (write the word)	That I attended Process
F W Widowed	1 Cluy 20 0 100 0 to
Ba, If in rice widowed, or diverced  Ht SRAND of a later to the later	I fact naw M. alive on
# ADF A	to have occurred on the date stated above, at D. Tim.  The principal cause of death and related causes of Date of east
C DATE OF BIRTH (month, day, year) Days If LESS than	The principal cause of death and remitted causes of importance were as follows:
78 11 2 1 day hre.	Bronchuctain howombal - DICE- 39
8. Trade profession, or particular	Bondarceller - 1 all 1935
bind of work done, as springer and	Chronic Broadides 500 4 car
9 Industry or business in which	Other proprietary concess of importance: 12 10 10 10 10 10 10 10 10 10 10 10 10 10
and mill, bank, etc.	Hyperoflee Cerclines
this occupation (month and occupation	an analysis of the second of t
12. HINTHPLACE (city or to m) 12. Imore (State or country)	For what deeper or injury?
E IS. NAMERINES Enight	Name of operation
13. NAME LICE.  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis Was there an autopsy?  23. If death was due to external causes (violence) fill in also the following:
15 MAIDEN NAME Miza eth Lunahan	lowing: Accident, suicide, or homicide? Date of injury
16. HIRTHPLACE (city or town) Richmond State or country)	Where did injury occur? (Specify city or town, county, and State) specify whether injury occurred in industry, in home, or in public
Herbert J. McCann 2629 N. Charles St.	Manner of injury
IS, BUREAL, CREMATION, OR REMOVAL	Nature of injury
The Carle Sel Com Thate 12/11/396	24 Was disease or injury in any way related to occupation of deceased
IN INDIRIAKER HOW Mears & Son	ho - It me deity
(C) And une) 805 M Calvert St.	(Signed) Class W. Lavuco M. 1
The same same	(Address) 1327 1 ava wy
130	Brouchigaletic here arrivage at
of deciand was taken with in	TEC 8 = 31 20 H. J. Walders M. O- E m. E

### BALTIMORE CITY HEALTH DEPARTMENT

63676 BALTIMORE CITY HEA CERTIFICATE	OF DEATH
PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution  St. Oguns Hospital  D-0-A	d Street No. 4401 White RURAL and give town
Length of stay in Baltimore	(e) If foreign born, how long in U. S. A.?
3 % FULL NAME  Server War   3 % Social Security Account No. 213-01-0348  4. Sex   5. Color or race 6 (a) Single, married, widowed, or divorced. MARRIED	MEDICAL CERTIFICATION  20. DATE OF DEATH  12 - 7 - 1939, at 10.25 P.M  21. IHEREBY CERTIFY, That Itook charge of the remains described above, held an autopay or inquiry)  obtained by said (Autopsy or Inquiry)  find that said deceased came
7 Birth date of deceased mo, day, yr. 1 1 1 2 2 2 2 2 2 2 2 2 3 6 2 1 1 less than one day  8 AGE: Years Months Days If less than one day  hr. min	Immediate cause of death
O Birthplace (Town county, and state)  10. Usual Occupation  11. Industry or business. Company of the property	Other Conditions Sub-  Control Hernorth of death  (Include pregnancy within 8 months of death)  Underline t
12 Name 13 Birthplace 14 Maiden Name 15. Firthplace 15. Firthplace 17. Isabelle Wise	Major findings: Of operations  a where  cause to whi death should charged stat tically.
16 (a) Informani A401 Wilkens Ave.	22. If death was due to external causes, fill in the following  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (County)  (State  (County)  (State  (Specify type of place)  (Specify type of place)  (Specify type of place)  (Specify type of place)
DECAgo 1939 stuntington Williams Ho	23. Signature  Medical Examiner  Date signed 12 - 8 - 3 9  Medical Examiner

£ 63677

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 Registered No. 87268

2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland (b) Street address (c) Hospital or institution; (d) Length of stay in hospital or inst. (yra, mos., or days) (e) Length of stay in Baltimore (yra, mos., or days) (e) Length of stay in Baltimore (yra, mos., or days) (f) If oreign born, how long in U. S. A.?  (e) If foreign born, how long in U. S. A.?  (f) Well Name (g) If operation (h) Name of hurband or wife		TE OF DEATH	TO INOU
(a) State MAN And (b) County  (b) Hospital or institutions  (c) City or town  (d) Cuty or town institutions  (d) Length of stay in biospital or instifyrs, mos., or days  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Street No. 4. N. C. Baltimore  (g) FULL RAME  (g) FULL RAME  (g) Social Secupity Account  No.  Sex  (g) Social Secupity Account  No.  Sex  (h) Weetran, name war  (h) Weetran, name war  (h) Weetran, name war  (h) Name of hurband or wife  (h) County or town institutions  (h) Superior y stay of the hurband or decays and that I late aw hurband occurred on the date above stated the I late and hurband occurred on the date above stated the I late and hurband occurred on the date above stated the I late and hurband occurred on the date above stated the I late and hurband	1. PLACE OF DEATH:		
(c) City or town Bulturous (fl outside city or town limits, write RURAL and give to d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) (f) Signet No. 4. N. C. Multiper (velocation) (g) FULL NAME (h) If veteran, name war (h) If veteran name war (h) I	(a) Baltimore City, Maryland		
(c) City or town Bulturous (fl outside city or town limits, write RURAL and give to d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) (f) Signet No. 4. N. C. Multiper (velocation) (g) FULL NAME (h) If veteran, name war (h) If veteran name war (h) I	b) Street address	(a) Statemany land (b) County	
A Length of stay in hospital or inset (yrs., mos., or days)  (a) Length of stay in bapital or inset (yrs., mos., or days)  (b) Length of stay in Bakimore (yrs., mos., or days)  (c) H foreign born, how long in U. S. A.)  (d) FULL NAME  (e) H foreign born, how long in U. S. A.)  (e) H foreign born, how long in U. S. A.)  (f) H veteran, name war  (f) Social Security Account  No.  (g) B foreign born, how long in U. S. A.)  (h) H veteran, name war  (h) Name of hurband or wife  (h) Name of deceased (mo., day, yr.)  (h) H less than one day  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) H foreign born, how long in U. S. A.)  (h) J J J J J J J J J J J J J J J J J J J	(c) Hospital or institution:		••••
d) Length of stay in hospital or inst. (yra., mos., or days)  (e) Length of stay in Baltimore (yra., mos., or days)  (f) FULL NAME  (g) FULL NAME  (g) FULL NAME  (g) Social Secupity Account  No.  Sex  (g) Social Secupity Account  No.  Sex  (g) Social Secupity Account  No.  Sex  (g) Social Secupity Account  No.  Days  (g) Date of Death  (g) Date of Death  (g) Social Secupity Account  No.  Days  (g) Date of Death  (g) Date of Death  (g) Social Secupity Account  (g) Date of Death  (g) Social Secupity Account  (g) Date of Death  (g) Date of Death  (g) Social Secupity Account  (g) Date of Occurrence  (g) Date occurrence	St. An en Hospital	(If outside city or town limits, and a	
Length of stay in Baltimore (yrs., mos, or days)   Yr		Mid Show N. 4. N. C. Golden	URAL and give tow
(a) FULL NAME  (b) If veteran, name war  (c) Sex  (d) Social Security Account  (d) If veteran, name war  (e) If oreign born, how long in U. S. A?  (f) Social Security Account  (ii) If veteran, name war  (iv) Social Security Account  (iv) Social Security Account  (iv) Account  (iv) Account  (iv) Single, married, widowed, or  (iv) Single, married, widowed, or  (iv) Accessed from Account  (iv) Name of husband or wife  (iv) Name of husband or wife  (iv) If alive, give age  (iv) If alive, give age  (iv) Accessed from Account  (iv) Accessed from Account  (iv) Accessed from Ac			
(a) FULL NAME  (b) If veteran, name war  (c) Social Secupty Account No.  Sex  (d) Colcycrace (e) (a) Single, married, widowed, or divorced.  (b) Name of hurband or wife (c) (c) If alive, give age  (d) Name of hurband or wife (e) (e) If alive, give age  (Town, county, and state)  (Issued Occupation  (Industry or businese  (Industry or crematory or	() Length of stay in Baltimore (yrs., mos, or days) 7.7		ion)
MEDICAL CERTIFICATION   Sex   Social Security Account   No.	B (a) FULL NAME P LOUT P +	tong in U. S. A.)	уеа
MEDICAL CERTIFICATION  Sex   5. Colego race   6 (a) Single, married, widowed, or divorced.  (b) Name of husband or wife   1937, at	1 Link		
Sex 5. Cologor race of (a) Single, married, widowed, or while of deceased (b) Name of husband or wife (c) If alive, give age years birth date of deceased (mo, day, yr.) (7-193)  AGE: Years Months Days If less than one day hr. min. Birthplace (Town, county, and state)  Usual Occupation (Town, county, and state)  Usual Occupation (Town, county, and state)  13. Birthplace (C) If alive, give age years (Include pregnancy within 3 months of death)  Other Conditions  14. Maiden Nam His (C) Date thereof (2-12-39)  (b) Address H C C C (D) Date thereof (2-12-39)  (thurial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory (b) May (year)  (d) Date rec'd by registrar)  Date rec'd by registrar)	Account	CAL CERTIFICATION	4
(b) Name of husband or wife.  6 (c) If alive, give age years  Birth date of deceased (mo, day, yr.) (1-19)  AGE: Years Months Days If less than one day hr. min.  Birthplace Grown, county, and state)  12. Name Patt A Days (Include pregnancy within 3 months of death)  13. Birthplace Grown (month) (aday) (year)  (a) Informant Talk R Days (month) (day) (year)  (b) Address H Carty (month) (day) (year)  (c) Cemetery or crematory Obdas (state) (month) (day) (year)  (d) Date rec'd by registrar)  Address Address A days (Specify type of place)  (e) Means of injury occur about home, on farm, industrial place, in public place)  (e) Means of injury occur about home, on farm, industrial place, in public place)  (fineliade pregnancy within 3 months of death)  (include pregnancy within 3 months of death)  (in	C	20. DATE OF DEATH Dec. 4	10 005
b) Name of husband or wife  6 (c) If alive, give age years  Birth date of deceased (mo, day, yr.) (1937)  AGE: Years Months Days If less than one day hr. min.  Birthplace May May If less than one day hr. min.  Birthplace May May May If less than one day hr. min.  Birthplace May	n a married, widowed, or	21. I certify that death occurred as about	J.7. at 8 1 1 N
Birth date of deceased (mo., day, yr.) (First 7-193)  AGE: Years Months Days If less than one day hr. min.  Birthplace (Town, county, and state)  Usual Occupation Industry or business  12. Name Palth  13. Birthplace (County)  14. Maiden Nam/Hill (Cary)  15. Birthplace (Cary)  16. Date thereof /2 / 12-39  (Burial, cremation, or removal)  17. Cemetery or crematory (Chiral Brooks Car)  18. Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur?  (City or town) (County) (State)  19. 39. Immediate cause of death  Due to  Other Conditions  10. Address of Cary of County (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  (f) Specify type of place)  (injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (injury)  (inj	and white	ed deceased from Mov. // 19 37 A	tated; that lattend
Birth date of deceased (mo, day, yr.)  AGE: Years Months Days If less than one day hr. min.  Birthplace Grown, county, and state:  12. Name Ralff A Days  13. Birthplace Character A Carty A (a) Informant Park R Carty A (Burial, cremation, or removal)  (b) Address H Carty A (month) (day) (year)  (c) Cemetery or crematory Character (month) (day) (year)  (a) Funeral directory below the bloom of Funeral directory below to the control of the c	0 0000000 0 000000	and that I last saw h Ast alive on Duck	19.39
AGE: Yeare Months Days If less than one day hr. min.  Burthplace Grand Mandate  12. Name Add A Days  13. Birthplace Major findings:  14. Maiden Nam Hall R Pads  15. Birthplace Grand Major findings:  16. Address H Carey M  17. Major findings:  18. Distance Major findings:  19. Distance Major findings:  19. Distance Major findings:  10. Distance Major findings:  11. Distance Major findings:  12. If death was due to external causes, fill in the following:  13. Birthplace Major findings:  14. Maiden Nam Hall R Pads  15. Birthplace Major findings:  16. Date of occurrence.  17. Address Major findings:  18. Distance Major findings:  19. Distance Major findings:  19. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  11. Distance Major findings:  12. If death was due to external causes, fill in the following:  12. If death was due to external causes, fill in the following:  12. If death was due to external causes, fill in the following:  13. Distance Major findings:  14. Maiden Nam Hall R Pads  15. Birthplace Major findings:  16. Distance Major findings:  17. Address Major findings:  18. Distance Major findings:  19. Distance Major findings:  19. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  11. Distance Major findings:  12. If death was due to external causes, fill in the following:  18. Distance Major findings:  19. Distance Major findings:  19. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  11. Distance Major findings:  12. If death was due to external causes, fill in the following:  18. Distance Major findings:  19. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  10. Distance Major findings:  11. Distance Major findings:  12. If death was due to external causes, fill in the following:  12. If death was due to external causes, fill in the following:  18. Distance Major findings:  19. Distance Major findings:	Birth data of 3	Immediate cause of death	
Birthplace    Due to   Due to		Chronic Remolard	Duration
Usual Occupation Industry or business  12. Name latte a superior of the Conditions  13. Birthplace a latte a l	Whonths Days / If less than one day		
Usual Occupation Industry or business  12. Name Raffi Raman Conditions  13. Birthplace  14. Maiden Name Hall Raffi Raman Confidence of the Caster of Burial, cremation, or removal (month) (day) (year)  15. Cemetery or crematory Dada Address Address Raman Confidence (c) Where did injury occur about home, on farm, industrial place, in public place?  16. Means of injury County (State)  17. Address Address Raman County (Park of place)  18. Maiden Name Hall Raffi Raman Confidence (c) Where did injury occur)  19. Address Address Raman County (State)  19. Address Address Raman County (State)  19. Address Address Raman County (Park of place)  19. Means of injury (Park of place)  19. Means of injury (Park of place)  19. Means of injury (Park of place)		Due to	
Industry or business  12. Name Raff A  13. Birthplace  14. Maiden Nam H  15. Birthplace  (a) Informant Raff A  (b) Address H  (c) Carry A  (d) Date thereof   2 -   2 - 36    (month) (day) (year)  (e) Cemetery or crematory Oshlas   fill    Location Raff A  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  (h) Major findings:  Of operations  (Include pregnancy within 3 months of death)  (Industrial of months) of death)  (Industrial of months) of death)  (Industrial of months of death)  (a) Address of months of death)  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place)  (e) Means of injury  (f) Means of injury  (g) Specify type of place  (g) Means of injury  (g) Specify type of place  (g) Means of injury  (g) Means of injury  (g) Means of injury  (h) Major findings:  (g) Of autopey.  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Means of in	Birthplace Nagerstown Mile		
Other Conditions  Other Conditions  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy.  Of autopsy.  22. If death was due to external causes, fill in the following:  (a) Address H Carry A  (Burial, cremation, or removal)  (City or town)  (County)  (County)  (State)  (A) Date rece'd by registrar)  Other Conditions  Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of autopsy.  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur?  (City or town)  (County)  (State)  (B) Date of occurrence in jury  (County)  (State)  (Specify type of place)	. Usual Occupation	Due to	
12. Name Value  13. Birthplace  14. Maiden Nam/###  15. Birthplace  (a) Informant  (b) Address  (c) Cemetery or crematory Dada (month) (day) (year)  (d) Funeral director for the following for	. Industry or business	Orlanda Cara	
13. Birthplace  14. Maiden Nam Hale  15. Birthplace  (a) Informant  (b) Date thereof  (c) Cemetery or crematory Dalle  Location  (d) Funeral director  (d) Funeral director  (d) Funeral director  (d) Particle  (e) Means of injury  (f) Means of injury  (g) Secret by registrar  (h) Address  (h) Address  (h) Address  (h) Date of occurrence.  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury.  (f) Means of injury.  (g) Means of injury.  (h) Address  (h) Address  (h) Address  (h) Major findings:  Of operations  (h) Date of operations  (h) Date of occurrence.  (c) Where did injury occur?  (c) Where did injury occur?  (c) Where did injury occur about home, on farm, industrial place, in public place?  (g) Means of injury.  (e) Means of injury.  (f) Means of injury.  (g) Means of injury.  (h) Address  (h) Address  (h) Address  (h) Date of occurrence.  (h) Date of occurrence.  (h) Did injury occur?  (h) Did injury occur about home, on farm, industrial place, in public place?  (h) Means of injury.  (h) Means of i	12. Name Ralle a Tak	Other Conditions	
14. Maiden Nam / 18		(Include prognancy within 3 months of death)	PHYSICIAN
15. Birthplace  (a) Informant  (b) Address  (c) Carry  (d) Date thereof  (e) Cemetery or crematory  (f) Cemetery or crematory  (g) Funeral director  (g) Address  (g) Address  (g) Address  (g) Cemetery  (g) Cemete	- Mary	Major findings:	Underline the
Of autopsy  Of autopsy  Of autopsy  Of autopsy  Of autopsy  Charged statistically.  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  Of autopsy  Charged statistically.  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (specify type of place)  (e) Means of injury  23. Signature  Address C		o. operations	cause to which
(a) Informant (b) Address  (c) Carey  (d) Date thereof  (d) Cemetery or crematory  (e) Cemetery or crematory  (f) Address  (g) Funeral director  (g) Address  (g) Address  (g) Address  (g) Address  (g) Address  (g) Means of injury  (h) Means  (h) Means  (h) Means  (h) Means  (h) Mea	15. Birthplace Chambroling pe	Of autopey	charged statis-
(a) Beneal (b) Date thereof /2 - /2-39 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Oblice /4:// Location Jacks: Pa (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (e) Means of injury (Signature)  Address C (Signature)	(a) Informant Malph & Pully		··· tically.
(b) Date thereof (2 - 12-30) (Burial, cremation, or removal) (c) Cemetery or crematory (2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	(b) Address 4 & Carey of	(a) Accident, suicide, or homicide	following:
(c) Cemetery or crematory (DALL) (Month) (day) (year)  Location Jacks:  (d) Did injury occur about home, on farm, industrial place, in public place?  (Expectly type of place)  (e) Where did injury occur?  (fity or town) (County) (State)  (gradient for the form of the first place)  (gradient for the form of the form o	(a) Beneal (b) Date therent 12- 19-30	(b) Date of occurrence	
Location Jackhi Pa  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury.  (b) Address of the place of p	(month) (day) (year)		••••••
(Specify type of place)  (A) Address (Specify type of place)  (b) Means of injury.  (c) Means of injury.  (d) Means of injury.  (e) Means of injury.  (f) Address (Specify type of place)		(d) Did injury occur about home on form it	inty) (State)
(e) Means of injury  (b) Address (all all all all all all all all all al			
(Date rec'd by registrar)  23. Signature  Address St.	a Funeral director total Brooks Blon	Specity type of place)	
(Date rec'd by registrar)	1) Address fallow & Italling x		A
	8 9 1939 (b) The tractor Millione	23. Signature	ovz
	(Date rec'd by registrar) Registrar	Address C / Horse Date six	med 17 7 ( kg

### F 63678

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 107-6

1					
1	Registe	red No		-	-
		(00)	C	1	Q
	21	10.		6	

(ha)(h)		
THE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State Med (b) County Maltin	~~
Street address	(c) City of own Calling RURAL	and give town)
Hospital or institution: Hophina Hophila	(If outside city or town limits, with the latter No. 945 N hand the (If rural give location)	
	(If rural give location)	
d Length of stay in hospital or inst. (yrs., rnos., or days)	(e) If foreign born, how long in U. S. A.?	yeary
Length of May in Baltimore (yrs., mos., or days)		
(a) FULL NAME ANTHONY ALLE	- A SERTIFICATION	
3 (c) Social Security Account	20. DATE OF DEATH December 8th 1939	. at 40. M
6 (a) Single married, widowed, or	That Itook charge of the ren	nains described
Sex S. Color of race divorced single	above, held an Autopsy or inquire) thereon and from	
	find that said	deceased came
6 (b) Name of husband or wife 6 (c) If alive, give age years	to death on the day stated above.	
7. Birth date of deceased (mo., day, yr.)		Duration
8 AGE: Years Months Days If leas than one day	Immediate cause of death Premuoria, lepoid	
hr. min.		-
9 Birthplace Balto Ind	Due to asperation of ford.	-
9 Birthplace (Town, county, and state)		
10. Usual Occupation	Due to	
11 Industry or husiness		
12 Name Millie allen	Other Conditions	PHYSICIAN
= 13. Birthplace Cumbaland Va	(Include pregnancy within 3 months of death)	
2 ( A Adamia)	Major findings:	Underline the
14 Maiden Name margret Starrie	Of operations	death should be
\$ 15. Birthplace Cumberland &a	Of autopsy	tically
16 (a) Informant Willie allen	27 If death was due to external causes, fill in the	following
M Address 9 45. In Invent 15	(a) Accident, suicide, or homicide	
17 a set him (b) Date thereof 1 -11 - 34	r) (b) Date of occurrence	
Barial for the or removal of Find hem	(c) Where did injury occur? (City or town) (Co	inty) (State
Cemetery or crematory but from beauty	(d) Did injury occur about home, on farm, industria	ork)
Location Balter Bo	place? (Specify Tpe of place) While at w	01.6
18 (a) Funeral director Jas. In . Skumer	(e) Means of injury	ber M.
(b) Address 927. h. mounts	23. Signature Medical Exami	
19 DFC 0-1939 to Miliamental	Date signed were 9th 1505	
MANY Chyromating well and		

636'900e4-15

# CERTIFICATE OF DEATH



		CERTIFICATI		
			2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH Baltimore City, Street address Hospital or insti	Maryland 4940 tution:	Eastern Ave.	(a) State Md. (b) County  (c) City or town Bel to.  (If outside city or town limits, write RURA	AL and give town)
Ral timo:	re City H	ospitals	d) Street No. 1412 W. Mulberry St.	
Length of stay i	n hospital or it	net. (yrs., mos., or days) 15 day	(e) If foreign born, how long in U. S. A.?	year
(a) FULL NAME		Boy McMillian (Vi	ctoria) MEDICAL CERTIFICATION	C > 0
(b) If veteran, na	me wat	No.	TO DATE OF DEATH 200 29 193	Yat / M
0.12		divorced. Single Single	21. I certify that death occurred on the date above stated deceased from 1919 1937, to less and that I last saw he conslive on 1927.	V
(b) Name of hus	band or wife	6 (c) If alive, give age years	Immediate cause of death	Duration
. Birth date of de	ceased (mo., d	ay, yr.) 11-14-39	Bronshis Promona	
		li less than one day	D	
9. Birthplace 10. Usual Occupation of but 12. Name. 13. Birthplace 14. Maiden N	John Mc	Town, county, and state) ne Millian S.C. coria Hammonds	Other Conditions  Other Conditions  (Include pregnancy with a months of death)  Major findings:  Of operations  Of autopsy	Underline the cause to white death should be charged staticially.
15. Birthplace 16 (a) Informant (b) Address 17 (a) (c) Cemetery Location 18 (a) Funeral (b) Address	or crematory	(b) Date thereof /2 - 7 - 3 (month) (day) (yes	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	County) (State

# HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH

63680 CERTIFICA	TE OF DEATH V 46 F 6.3680
1. PLACE OF DEATH	(If death occurred in
CITY OF BALTIMORE: (No. 211 W. Biddle)	of street and number.)
Langth of residence in city or town where death occurred 30 yrs.	mosds. How long in U. S. If of foreign birth:yrs.
2. FULL NAME Jennie Fourie De	wanni
(a) Residence: No. 211 W. Biddle (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored 5. Single, Married, Widowed or Divorced (write to word)	21. DATE OF DEATH (month, day, year) Dec 1972.  22. I HEREBY CERTIFY. That I attended deceased from 1938, to Dec 7 139
BESBAND of (or) WIFE of	I last syn her alive on Dec 6, 1939. Death is make to have coursed on the stated above, at 12:100m.
6. DATE OF BIRTH (month, day, you had 25,1870 7. AGE Years Months If LESS that I day, hrs	The principal cause of death and related causes of importance were us tollows.
69 yr 4 12 or min.	Carcinomata c Metastario 1937
8. Trave, profession, or particular kind of work done, as apimer. House wife anwyer, bookkeeper, etc.  9. Industry or business in which work was don. 10 silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) apent in this occupation	Other contributory canses of importance:  Myscardital
12. HIRTHPLACE (city of them) Beltimore Co. (State or country)	For what disease or injury? Malignary
14 BIRTHPLACE (city or town) Ballinge C. (State or country) Maryland.	What test confirmed diagnosis? Was there are subject ?  23. If death was due to external causes (violence) fill in also the formal causes (violence).
15 MAIDEN NAME Lignie Hay	lowing: Accident, suicide, or homicide? Date of injury . 19  Where did injury occur? (Charles the or taken county, and State)
16. BIRTHPLACE (city or Che Bullimore S. State or country)	Where d'd injury occur" (Specify city or town, county, and State) Specify bether injury occurred in industry, in home, or in pub
(Address) 211 W. Bildle St.	Manner of injury
18. BERIAL Foots Hillinds Date Wee. 10	Nature of injury.  21. Was dismost or injury in any may related to occupation of decare
19. ENDERTAKEN Mrs. Ges. A. Hollgude (Address) 1631 Dines Kill are	21. Was disease or locary in any service of the ser
DFC 9-1339 Huntington Williams, 1	12 Kildrey 434 E 23 X

HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... 63681 (If death secured in a hospital or institution, give its NAMK instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. 2701 Eastern Peter Dannenmann (if non-resident give city or town and State) 2701 Eastern Ave. St., Ward. 2. FULL NAME .... MEDICAL CERTIFICATE OF DEATH (a) Residence: No..... (Usual place of abode) Dec 8/39 PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY That attended deceased from 5. Single, Married, Widowed. or Dispreed (write the word) 4. Color or Race ,38 10 Nec white 1939 Death in said Male I last saw he hilly on the to have occurred on the date stated above, at 13 Se. If married widowed or diverced HI SBAND of Katherine The principal cause of death and related causes of (or) WIFE of Aug. 28/1876 6. DATE OF BIRTH (month, day, year) If LESS than Days I day ...... bra. Years 7. AGE or . .min. 10 63 8. Trade, profession, or particular Retired nawyer, bookheeper, etc. Other contributory couses of importances Cigar Maker 9. Industry or business in which chone mysear work was done, as silk mill, 11. Total time (years) son mill, bank, etc. 10. Date deceased last worked at this occupation (month and oucupation no year! Balto. Wes an operation perform Md. For what disease or injury? 12. BIRTHPLACE (city or town) ... What test confirmed diagnosis? P.J. Y was there an autopay? (State or country) Unknown 23. If death was due to external causes (violence) fill in also the fol-18. NAME Accident, suicide, or homicide? \_\_\_\_\_\_\_\_Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_ 14. BIRTHPLACE (elty or town Balto. #d. (State or country) Unknown 15. MAIDEN NAME Balto. Md. 16. HIRTHPLACE (city or town)..... (State or country) Katherine Dannenmann place ---Manner of injury ..... IT. INFORMANT .. Eastern 24. Was disease or injury in any way related to occupation of deceased? Nature of injury 15. BURIAL, CREMATION, OR REMOVAL Dec.11 TI 19. UNDERTAKER J. C. (Address)

### 63682

## CERTIFICATE OF DEATH

58.

Registered No. F 62682

	- H 633	682
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street address 2116 Eagle Str	(a) State Margland b) County	
(c) Hospital or institution:	(c) City or who Ballimore	
West Balto Asoneral	Ilf outside city or town limit, write RURAL and	t grow to sen.
- 1	2111 6. 6 84	
d Length of stay in hospital or inst. (yrs., mos., or days)	Cilifrary vie least in	
() Length of stay in Baltimore (yrs., mos., or days)	of If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Roland Joseph	tader. D.	
3 (b) If veteran, name war	MEDICAL CERTIFICATION	
No.  Sex 5. Color or race, 6 (a) Single, married, widowed, or	20. DATE OF DEATH Secember 8, 1939 and	2:40 A.M.
My Willis divorced in so	21. I certify that death occurred on the date above stated; the ed deceased from /2/3/1957. to /2/1/	at lattend.
Wante of husband or wife	and that I last saw him alive on 12/8/ 19 3	7.
6 (a) If alive, give age years	Immediate cause of death &	Daration
Birth date of deceased mo., day, yr. Not. 21,1939  AGE: Years Months Days If less than one day	malnutation dehydration 5	-1
14	/3:	days
br. min.	Due to	
Birthplace Batte, md	2	
0. Usual Occupation	Due to ( )	
I. Industry or business		
	Other Conditions	
12. Name Roleine Stades	tinclude pregnancy within 3 months of death.	TYSICIAN
13. Birthplace Mol	Major findinga:	d r' r the
14. Maiden Name anna M. allin	Of operations	se to which
		h h bi bi be
15. Birthplace A Mol	Of autopay not performed that	g d nt -
6 a Informant Robert J. Studen	22. If death was due to external chance, fill in the following	101
b) Address 2114 Basel	(a) Accident, suicide, or homicide	
12	(A) Data of account	
(Burial, cremation, or removal) (month) (day) (year)	Where did injury occur?	
Cemetery or crematory Loudin Park	(City or twn) i County i	(Hinter)
Location	(d) Did injury occur about home, on farm, industrial place,	in public
	(Specify type gaplace) While at work)	
8 a Funeral director Combron, me.	(e) Means of injury	
b Address LOIT W. Cruss de	23. Signature / Ohlar	
DECregion 1939 the thing for Philippes M. F.	Address West Balto Gen . Hop . Date signed !	2/8/39
***		1

CERTIFICATE OF DEATH, 194 BRegistered No.

CLINIII	V /	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimere City, Maryland	11 State had (b) County Bullen	- M
b) Street uddress	12 06- 11	The second second
11 Alas metitution:		ind give town)
St agree Hospital	(Attest No. 2 25 hull Fullon (If rural give location)	Cinq
d Length of stay in hospital or inst. (yrs. mos., or days)	(e) foreign born, how long in U. S. A.?	years
e Length of stay in Baltimore (yra., mos., or days)		
FULL NAME EMMA COATE	55	
3 (b) If veteran, name war 3 (c) Social Security Account		at 12 5 M
No.	21. HEREBY CERTIFY, That Itook charge of the rem	ains described
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced harris	above, held an thereon and from	the evidence
6 b) Name of husband or wite Robert	obtained by said	eceased came
D C III SHAC' KIAC mic .	10 has death on the day stated above.	
7. Birth date of deceased mo, day, yr Israuch 12,188	Immediate cause of death	Duration
8. AGE: Years Months Days If less than one day	aronen recuen	
9 Buthplace Baltanie, had	Due to	
10. Usual Occupation	Due to	-
11 Industry or business		
12 Name Jack 13 Brithplace	Other Conditions	
12 Name	(Include pregnancy within 3 months of death	PHYSICIAN
13. B rthplace	Major findings:	Underline to
14 Maiden Name Blandell Samue	Of operations	denth should be
# 15 Berthulace		harred state-
16 (a) Informan: Thoughtol Necock	Of autopsy	1
h Address	22. If death was due to external causes, fill in the fo	
12-17	39 (a) Accident, suicide, or homicide	
17 (a) (b) Date thereof (month) (day) (ye	(b) Date of occurrence	
Cemetery or crematory Loudon fuch	(c) Where did mjury occur? (Cay or town) (Con	nty) (State)
solly my	(d) Did injury occur about home, on farm, industrial	16.7
Location Much	place? (Freq(5 tipe of place)	
18 a Funeral director 1 Land Non	(e) Means of injury	M.D
(b) Address 3 3 0 3	23. Signature Medical Examin	
190 10 1939 tutugtor bar Registrar	Date signed Rea & 1/1935	

### 63684

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63684 13/ Registered No.

and of DELET		2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland		(a) State Ind (b) County Alexander to	
b) Street address 1408 N	Careline 1x.		
		(c) City town Cambridge of the world limits, with RURAL	and allow towards
Hospital or institution:	- Hospital		Rud Kire (i.m.)
		Street No. 108 Pine St.	
d Length of stay in hospital or in	at. yrs., mos, or days 7	Land Control of the C	
(e) Length of stay in Baltimore (y		(e) If foreign born, how long in U. S. A.?	years
2 (a) FIRE NAME!			
Stella Ku	3 (c) Social Security Account	MEDICAL CERTIFICATION	
3 b) If veteran, name war	No.	20. DATE OF DEATH 12/9 1939.	
	(a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	that lattend-
71 C	worced married	ad decreed from 12/4 1939, to	19 .
6 h Name of husband or wife	John Keene	and that I last saw h & alive on 12/9 19	34.
o " Name of husband of wife	c If alive, give age 59 years	Immediate cause of death	Duration
	y. yr mar 8-1883	Chronic Cardio-vascular	
8 AGE: Years Months Da	ys If less than one day	renal disease with userma	
56 109 1	hr. min.	Due to	
9. Birthplace Dock	ter co. may		
9. Birthplace (T	own, county, and state)	Due to .	
10. Usual Occupation	samater	Other Conditions of sected polanilal	4 mg
11. Industry or business own		Other Conditions of Tetal	DIVERSIAN
# 12. Name John H	Keene	(me ude pregrap y within 3 months of death)	PHYSICIAN
E 13 Bushalan Doroll	lester do ma	Major findings:	I aderline the
14. Maiden Name Dw	10 Mase.	Of operations	leath should be
14. Maiden Name	+ 1 124	Of autopey hat obtained	harged at a-
15. Birthplace Docch	ester co god.	22. If death was due to external causes, fill in the fol	-
16 a Informant Chille	Il daylet.		
1) Address 609 Hav		(a) Accident, suicide, or homicide	
17 a Burial	b Date thereof 10 - 12-3903	(c) Where did injury occur?	
Burial, cremation, or removal	(month) (day) (year)	(City of tawn)	
(c) Cemetery or of mattery	The second	(d) Did injury occur about home, on farm, industrial to	k?
Location Dague	in mai	place? (Specify type of place)	
18 a Funeral director	ausa, Alung	(e) Means of injury	
b Address 272 Ceo	lain Camb lux	23. Signature M. II. Tuning	M. D.
A	4 - 4-2-	st ment Hand During	ned
19 (a) Data rei Cha Hatistrar	tuntof the all the	Address of Jugues 19041. Date sign	
=======================================	11	V	

### F 63685

# BALTIMORE CITY HEALTH DEPARTMENT

Regis Fred 53685

CERTIFICATE	OF DEATHV	
. PLACE OF DEATH: a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State Mod (b) County Baltimu	
b) Street address.	(c) City or town Whik Marsh (If outside city or town limits, write RURAL an	nd give town)
maryland general Hornigal	Street No	
(e) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 5 days	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME Ymann Fisher	MEDICAL CERTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH 12 19 39 19	1355 M
4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; ed deceased from 12/4 1934, to 12/9 and that I last saw here alive on 12/9 193	19.57.
6 b Name of husband or wife Samuel 6 c If alive, give age 6 ( years	Immediate cause of death  Oute appendicts &	Duration 6 days
7. Birth date of deceased (mo., day, yr.) Lift 7 11 7 3  8. AGE: Years Months Days If less than one day hr. min.	Pentonitis (Kuptund)	
9. Birthplace Wordlawn, Md (Town, county, and state)	Due to	
10. Usual Occupation 11. Industry or business	Other Conditions	PHYSICIAN
12. Name Benj. F. Thomas 13. Birthplace Foodlawn, Ind	Major findings: Rup fund Cappundix	Underline the cause to which death should be
14. Maiden Name Laurindia Fisher 15. Birthplace Woodlaum Ind	Of autopay	charged statis- tically.
16 (a) Informani Vauruel Fisher	22. If death was due to external causes, fill in the foll  (a) Accident, suicide, or homicide	
17 a Swind, or wall (month) (day) (year (Burial, or month) (day) (year	(b) Date of occurrence (c) Where did injury occur? (City or town) (Count (d) Did injury occur about home, on farm, industrial p	(State)
Location Compared Com	place? While at work	
18 (a) Funeral director le a Vallustiu	23. Signature Le Frederich John	etry)
19 (a) (Date rec d by registrar) Sung ton Millianne Registrar	Address Md. Jeneral Hypbate sign	ned 12 9 3
VS 8		

# CERTIFICATE OF DEATH

73.	10	13	634	201	
2	F	()	.)(	38	)
F	legister	ed N	lo.		_
11.51					

CERTIFICATI		
	2. USUAL RESIDENCE OF DECEASED:	1
PLACE OF DEATH:	(a) State MA (b) County	
Baltimore City, Maryland	1 0/	
Street address	(c) City of town (If out ide city or town limit, write Rt RA	I. and give town)
and the state of t	elf out ide city or town limit, write he	,
toine hom IIII.	(If out ide city or town limit, with a large of Street No. 639 Gut man are all of street No. 639 Gut man are designed of the street of the str	<u></u>
or days & 3 de	(If raral give locate in	
Length of stay in hospital or inst. (yrs., mos., or days) 23 days	(e) If foreign born, how long in U. S. A.?	years
1 f and in Raltimore VIS., mos., or day		
a FULL NAME Mary Elizabeth	Williams	-
The state of the Account	MEDICAL CERTIFICATION	130
1. If weteran, name war	20. DATE OF DEATH / 2 · 9 · 3 9 19	at 6 a M
No. Morri		ted; that lattend-
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above see ed deceased from 11-16: 1939, to 1	2.9.1959.
1 111 to Widowro	ed deceased from // alive on 1/-/6.	1939.
Name of husband or wife alfred & Williams	and that I last saw h was anve	Duration .
Name of husband or wile 6 Alf alive, give age year	Immediate cause of death Occlusion	30 au
1 Man 5th 1857	cgran any occurred	9
Birth date of deceased mo, day, vr Man 5- 1857	in put plique and	!
AGE: Years Months Days It less than one day	Due jo Cyfenosclerofic	
82 9 9 m.	No sel 1 Clare Clare	7
9. Birthplace Indiana (Town, county, and state)	Due to Cerchal auterio.	
at home is	ncujo up	11.16.39
10. Usual Occupation	Other Conditions Cenetral	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Include pregnancy within 3 months of death)	PHYSICIAN
11 Industry or But and Sterling	Major findings:	1 nderline the
	Of operations	calle to which
13 Birthplace	Of operations	harged a area
14 Maiden Name Margaret Bowers	Of autopsy	tically.
	22. If death was due to external causes, fill in th	e following:
Robert E Welliams	(a) Accident, suicide, or homicide	1
10 0 1111111111	(a) Accident, suicide, or nomicial	4
6) Address 332 C. 20 - 12/11/3	(b) Date of occurrence	
17 a Sunial b Date thereof (month) (day) ()	ear) (c) Where did injury occur? (City or town)	County) (State)
Harial converting as constant	Did injury occur about home, on farm, inquis	mai piace, in pub
Cemetery or tremstery Balto md	place? (Specify type of place) While at	WOIKE
1tion	(Specify type of place)	
18 a Funeral director William God	23. Signature H. P. Curyst	
12/7 21, 1242	23. Signature /n , 1 (	M, D.
(b) Address to being	Address St. Joseph Horp. Dal	te signed
19 (0) The 1030 true I washing tony first among	2	
1 1 1999		

63687

### HEALTH DEPARTMENT—CITY OF BALTIMERE 3687

CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No. CITY OF BALTIMORE: (No. 1016 E. Biddle (If death occurred in a hospital or institution, give its NAME instead instead of street and number.) How long in Los If of foreign bith 31 yrs mos " d. (If non-resident live cit of town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed. or Divorced (write the word) 3. SEX 21. DATE OF DEATH (month, Marrie I attended deceased from 1939 to Dec. 9, Sa. If married HI SBAND of 8 . 19 39 Death is said I last saw her alive on (or) WIFE of to have occurred on the date tated above, at /2. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related cause If LESS than 7. AGE Years Months I day, hrs. . To ie, profes n, or particular kind of work done, as spinner, nawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16. Inte or enset last worked and | 11. Total time (years) this occupation (month and 43 spent in this Other contributory causes of importance: occup tion 12. LIPTHPLACE (sity or town) i. ate or country. What test confirmed diagnosis? violence fill in to tol-23 If do th we due to e torni u c lowing. D te of injury Accident, wicide, or homicide? Where ald injury occur? (Special or town, courty, and State) (State or country) Specify whether injury occurred in industry. In home, or in public 17 INFORMANT Manner of Injury IN BIRIAL, CHIMATION, OR EFMOVAL Nature of injury 21. Was disease or injury in any way related to occupation of deceased? 19. INDERTAKER (Address) 24. FILLU . Revistrar

5. S. 213-03-596 63688 1. PLACE OF DEATH Registered No .... (If death occurred in a hospital or institution, give its NAME instead of street and number.) city or town where death occurred Llyrs. H U. S. Veteran specify WAR .. wanted of .. (a) Residence: No. (Usual piace of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed 3. SKX 4. Color or Race 21. DATE OF DEATH (month, day, year) or Divogeed (write the word) I HEREBY CERTIFY Divorced That I attended deceased from Sa. If removies. divocest to have occurred on the date stated above, at 2 30cm 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of Days If LESS than 7 AGE Months importance were as follows: Date of enset 1 day hrs. min. 12-4-39 s. Trade, profession, or particular kind of work done, as aptimer, 22 ms Tares. 9. Industry or business in which work was done, as the introduction Ramcoaf saw mill, bank, etc. 11. Total time (years) spen in this spen in the spen in this spen in this spen in this spen in this spen in the spen in this spen Other contributory causes of importance: occupation .... VONT ! 12. BIRTHPLACE (city or town) (State or country) vonves NAME 4 sitasle, Balto 14. HIRTHPLACE (city or town). Was there an autopsy? NO What test confirmed diagnosis? (State or country) 23. If death was due to external causes (violence) fill in also the following: 15. MAIDEN NAME towter .Dute of injury ... Accident, suicide, or homicide ?... Where did injury occur?. 16. HIRTHPLACE (city or (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public Med (State or country) marsi (Address) Manner of injury IN BURIAL, CHEMATION, OR RESCOVAL Nature of injury Pince Judon 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER M. D. (Signed) 20. FILED Secoure Noskital Registrur. MALES.

63690

# CERTIFICATE OF DEATH

F 63690

Registered No.

60000	CERTIFICATE		
THE OF DEATH.	1	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	reemout ave	State // County	
( 4/0 /	reemous los	12 State Baltemore	
Street address		C'ty an town	Land spectrum)
Hospital or institution:		elf outside city of town smits, write it of	+ (we
		desiden No. 5/2 00 / Come	, , ,
Length of stay in hospital or inst.	yrs, mos, or days	1. The state of th	7.
Length of stay in no-pice	negro	(c) If foreign born, how long in U. S. A.?	years
Length of stay in Balamore yrs	mos., or days		
(a) FULL NAME Leua	noodke		
sen	3 (c) Social Security Account	MEDICAL CERTIFICATION	0 1451.
(b) If veteran name war	1/	20. DATE OF DEATH	/ at / M
	No.	1 1 1	ted, that lattend.
	Single, married, widowed, or	10 / 1057 to D	
male white It	married	and that I last saw her alive on Su. 8,	19 35.
h Name of husband or wile of	or needing		Duration
//60	If alive, give age 4/ years	Immediate cause of death	
. Birth date of deceased boo., day,	yr .	Waris morachitis	.   ?
AGE: Years Months Days	If less than one day	Chamic Branchitis	
40 0	hr. min.	Due to Oceandary from	
To Ku	isea 1	seur var	
Bothplace / Crown	a, county, and state	Due to	
O. Usual Occupation Hou	sewere		
11. Industry or bysiness	00/10	Other Conditions	PHYSICIAN
Varolly	Coher	Include pregnancy within 3 m ath of d ath)	
12. Name	1110	Major findings:	t nd rlin t
13. Bighydace	and David	Of operations	death hould
H 14 Maiden Name Yeur	a coner		harged at
	ussia	Of autopsy	tienlly
15. Birthplace	11 on Ale	22. If death was due to external causes, fill in the	tollowing:
16 Informan Jack	Freemont ave		
b) Address U/2 KO	Treemen	(b) Date of occurrence	
. Burial 6	Date thereof 2-10-37	When did injury occur?	ounty) (State
(Il rin, cremation, or removal)	(month) (day) (year	(d) Did injury occur about home, on farm, industr	ial place, in pub
Cemetery or crematory	- quini-	While at	work?
Location ( 14 oly mile	2/16/11/10/	place? (Specify type of place)	
Lacation .	reun en	(e) Means of injury	
18 a Funeral director	E. Brill to	23. Signature 4.4. Sh	N. D.
(b) Address	44		woned Dec.
19 (0) 10 277 . 11 15	ton Mittigress Moth	Address 23 40 moran M Date	15 3
(Date red'th & haristrar have			. /3

F	63691
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# BALTIMORE CITY HEALTH DEPARTMENT



VF 63691 Registered No.

CERTIFICATE	OF DEATH	
Street address / ON Pulaski St. Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Belling  (If outside city or town limits, write RURAL  (If outside city or town limits)	9Md and give town)  St.
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  a) FULL NAME  Mary P. Gral	MEDICAL CERTIFICATION	
Sex 5. Color or race 6 (a) Single married, widowed, or divorced.	20. DATE OF DEATH 22. 1938  21. I certify that death occurred on the date above state ed deceased from 1938, to and that I last saw here alive on 12, 7	at 3 M d; that l attend- 2 7 1939.
Birth date of deceased (mo., day, yr.) Que //, 1966  AGE Years Months Days If kess than one day hr. min.  Birthplace (Town, county, and state)	Immediate cause of death  and the course of all	
10. Usual Occupation  11. Industry or business  12. Name Quyut Henry  13. Name Quyut Henry  14. Name Quyut Henry  15. Name Quyut Henry  16. Name Quyut Henry  17. Name Quyut Henry  18. Name Quyut Hen	Other Conditions  Unclude pregnancy within 3 months of death  Major findings:	PHYSICIAN
13 Birthplace Sermany Decker  14. Maiden Name Batherin Decker	Of operations  Total	cause to which death should be charged statis-
16 (a) Informant James H. Graha  (b) Address / O Pulaske St.  (b) Date thereof Date //, 182  (month) (day) (year	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) ty or town)	ounty) (State)
(e) Cemetery or crematory hew Batheshold Contain 4300 Bld Fudwick Relation 4300 Bld Fudwick Relation States W. Conking S.	Did injury occur about home, on farm, industry place?  (Specify type of place)  (e) Means of injury  23. Signature	sher
19 a) Address 929 2. 229 Williams Hills	Address 1945 W. Sallo Date	signed 778/6

-	10	0	1	-	1	()
1	6	. }	1	1	7	1 -



CERTIFICATE	OF DEATH	
THE OF PEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland	(a) State Md (b) County	
Baltimore City, Maryland  Street address 2527 Airely and  Hospital or institution:	1 = 07 // //	and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
c) Length of may in Bantimore (3.5%)	man	X
(b) If veteran, name war Social Security Account No.	MEDICAL CERTIFICATION	at 4 10 M
1. Sex 5. Color of race 6 (a) Single, married, widowed, or divorced. Warriel	21. I certify that death occurred on the date above stated ed deceased from way 1719 19, to	2
(b) Name of husband or wife 6 (c) If alive, give age years	and that I last saw h afive on 19	Duration 2
7. Birth date of deceased (mo., day, yr.)	Broucho- francoura	
8. AGE: Years Months Days If less than one day hr. min.	Due to Pulmonary Edoma	1 was
9. Birthplace (Town, county, and state)	Due to Clas Mysessbelgs Cantral Cilphan 7	7400
10. Usual Occupation 11. Industry or business House Work.	Other Conditions askerslaus	PHYSICIAN
12. Name Calvin Sandler  13. Birthplace Russici	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the
14. Maiden Name Ethel Porothy	Of autopsy	death should be harged states tically.
16 (a) Informant Robert Silvernan	22. If death was due to external causes, fill in the fol	llowing:
b) Address 1/59 & Somband FT	(a) Accident, suicide, or homicide (b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year	(c) Where did injury occur? (City or town) (Coun	
Location Silving Rolling	place? (Specify type of place) While at wor	k?
18 a Funeral director Sol Swinson & Bus	(e) Means of injury	reel
19 (a) Address 129 - 20 thing for Maliacy Motor	Address 200 W lofogest	ed

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

93 - CRegistered No.

		The second second
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a Baltimore City, Maryland	(a) State Maylond (b) County P.	
b) Street address 3108 Rockwood ave,		
C Hospital or institution:	(c) City or town Land Lewis (If outside city or town limits, write RURA)	and give town
A our	(If outside city of town limits, write KUKAI	/
	(d) Such No. 3108 19 of work (1f rural give location)	
d Length of stay in hospital or inst. (yrs., mos., or days)		
(c) Length of stay in Baltimore (yrs., mos., or days) 23 four 1939	(4) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME & Many 15 Hamil		X
3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. No.	20. DATE OF DEATH When y to 1939	, at 9 15 a.M
4. Sex / 5. Color or race 6 (a) Single, married, widowed, or	21 I certify that death occurred on the date above state	d; that lattend-
Thereby W divorced. Divorced	ed deceased from Py 17 1939, to file	. 9 19 54.
	and that I last saw has alive on 200 9 19	3.
6 b) Name of husband or wife 6 (c) If alive, give age years	Invadiate cases of death	Duration
7. Birth date of deceased (mo, day, yr.) Jun 7 1876	Bronched Incummen	2 dogs
7. Birth date of deceased mo, day, yr.)  R ACF: Years Months Days If less than one day		- /
	Due to arterior elerasis	-
47 711 121	Hy perterior	4 20 %
9. Birthplace Congland Towns, and state)	Due to Chrome My radiles	1470
10. Ueual Occupation		
11. Industry or business	Other Conditions I may be de les side	1.44
	(Include preparity within 3 months of death)	PHYSICIAN
12. Name Unknown	(Include premnificy within 3 months of death) Major findings:	t nderline the
13 Birthplace Cuclius	Of operations	in one to which
5 14 Marten Name Unkryown		teath should be
14 Maiden Name Unknown 15. Birthplace Crysland	Of autopay	tically.
15. Birthplace	22. If death was due to external causes, fill in the fo	ollowing:
16 a Informant Blanch Corwin	(a) Accident, suicide, or homicide	
16) Address 3/08 Rockwood are		
17 (a) Burial (b) Date thereof Wee 1/ (b) (day) (year)	Where did injury occur?	nty) (State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial	
(c) Cemetery or crematory ouden out	place? While at wo	
Location Qf 1 1	(Specify type of pince)	1
18 a Tuneral director harfed of owell	(e) Means of injury	-
(b) Address 2427 ( examined I'm are	23. Signature . J Company Secret 1 16"	M. D.
	Address ile I Mare of Date on	gned Ce e , 9,18
Registrary Additions Additions And	The state of the s	/
143		

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



3 (b) If veteran, name war  3 (c) Social Security Accounts  No. 10-0-0-005  4. Sex   5. Color or race (6 (a) Single, married, widowed, or divorced. i.e. gle (a) Single, married, widowed, or divorced. i.e. gle (b) Name of husband or wife  6 (c) If slive, give age / years  7. Birth date of deceased (mo., day, yr.)   8. AGE: Years Months Days If less than one day hr. min.  9. Birthplace Sallus of Mad. (Social Security Accounts of the superior of		13	
(a) State address Dation Wilking Ales (b) County (c) Heapth of stay in hospital or inat, (yrs., mos., or days) (d) Leagth of stay in hospital or inat, (yrs., mos., or days) (e) Length of stay in hospital or inat, (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) (f) Eughth of stay in Baltimore (yrs., mos., or days) (g) Street No. 2 210 Centroll (g) Brithplace (h) Name of husband or wife (h) Name		2. USUAL RESIDENCE OF DECEASED:	-
(c) Hospital or institution (fill dutable city or toyn limits, with RITHAL and give town (if dutable city or toyn limits, with town (if dutable city or toyn limits, with town (if dutable city or toyn limits, with town limits, with town (if dutable city or town) (if dutable city or toyn limits, with town construction)  [8] Date of color or town limits, with town limits with RITHAL and give town (if dutable city or town)	(a) Baltimore City, Maryland	(a) State MA. (b) County	
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Street No. 2 10 State Inc. 2 12 (18 start)  (g) If foreign born, how long in U. S. A.)  MEDICAL CERTIFICATION  No. 10 10 -0005  4. Sex  5. Color or face of (a) Single, married, widowed, or divorced.  4. Sex  5. Color or face of (a) Single, married, widowed, or divorced.  6. (b) If alive, give age years  7. Birth date of deceased (mo., day, yr.) Man / 3 / 9 08.  8. AGE: Years Months Days If less than one day hr. min.  10. Usual Occupation  11. Industry or business stantians of Sautypul on 19. Industry or bu			
(d) Length of stay in hospital or inst. (yrs. mos. or days)  (e) Length of stay in Baltimore (yrs. mos. or days)  (e) Length of stay in Baltimore (yrs. mos. or days)  (f) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) If foreign born, how long in U. S. A.)  (g) Jack of	(c) Hospital or institution:		
(e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (e) Length of stay in Baltimore (yra, moa, or days)  (f) Length of stay in Baltimore (yra, moa, or days)  (g) Length of stay in Baltimore (yra, moa, or days)  (g) Length of stay in Baltimore (yra, moa, or days)  (g) Length of stay in Baltimore (yra, moa, or days)  (g) Length of Baltimore (	- 1. cly xis. Hospital		
3 (b) If veteran, name war	(d) Length of stay in hospital or inst. (yrs., mos., or days)		The same of the sa
3 (b) If veteran, name war	(e) Length of stay in Baltimore (yre., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
A. Sex    S. Color of face   S. Color of face   Single, married, widowed, or divorced.   Single, married, widowed, or deceased from lee 2, 193 9, to left.   Single, married, widowed, or deceased from lee 2, 193 9, to left.   Single, married, widowed, or deceased from lee 2, 193 9, to left.   Single, married, widowed, or deceased from left.   Single, married,	3 (a) FULL NAME Joseph Earl 6	lack.	
1. Sex   S. Color or race   6 (a) Single, married, widowed, or   1939, at   18   18   19   19   19   19   19   19	11 121 00 1000	MEDICAL CERTIFICATION	. [
21. Icertify that death occurred at the date above stated; that I attended deceased from the first part of divorced.  1. Icertify that death occurred at the date above stated; that I attended deceased from the first part of divorced.  2. Birth date of deceased (mo. day, yr.) May 3 (908.  2. Birth date of deceased (mo. day, yr.) May 3 (908.  3. Birth place  1. Birth place  1. Due to Alternative fleat  1. Industry or business flavorated for flowing for findings:  1. Industry or business flavorated flavo	1.10.	- 4	0 1-1
6 (b) Name of husband or wife 6 (c) If alive, give age vyears 7. Birth date of deceased (mo, day, yr.) Man /3 /908. 8. AGE: Years Months Days If less than one day hr. min. 9. Birthplace Ballus orl, Man . 11. Industry or business standard Sog Faujant Cop . 12. Name Welliam & black 13. Birthplace Ballus orl, Man . 14. Maiden Name Many & Monthley 15. Birthplace Ballus orl, Man . 16 (a) Informant Man William & black (b) Address 2210 Pensose Inlust (c) Cemetery or crematory or when the result of the standard o	The state of the s		
and that I last saw h/M alive on De g 1931.  Birth date of deceased mo, day, yr.) May /3 /908.  AGE: Years Months Days If leas than ond day hr. min.  Birthplace / Ballius orl, Md.  10. Usual Occupation Cheratory  11. Industry or business flavings of Society of Major findings:  12. Name Welliam & Ballius orl, Md.  13. Birthplace Ballius orl, Md.  14. Maiden Name / Major findings:  15. Birthplace Ballius orl, Md.  16. (a) Informant / Major findings:  (b) Address 2210 Central filling (day) (rest)  (c) Cemetery or crematory or Most of Major findings:  (d) Date of occurrence  (e) Where did injury occurs of founds in jury occurs about home, on farm, industrial place, in public place)  (p) Means of injury (day) one and of the signed of place)  (m) Major findings:  Of autopsy  Competing in the following:  (d) Did injury occurs about home, on farm, industrial place, in public place)  (Expectly type of place)  (e) Means of injury (day)  (for means of injury (day)  (c) Means of injury (day)  (d) Date signed of the signe	mole rolute divorced. Single	21. I certify that death occurred on the date above at	ated; that lattend-
7. Birth date of deceased (mo, day, yr.) Man 3 /908.  8. AGE: Yearn Months Days If less than one day hr. min.  9. Birthplace / Salien out, Mid.  10. Usual Occupation (Town, count, against to)  11. Industry or business Landard Gog Equippel on the Conditions  12. Name Welliam & black (Include pregnancy within 3 months of death)  13. Birthplace / Montley (Major findings: Of operations (Include pregnancy within 3 months of death)  14. Maiden Name May 6 Montley (Major findings: Of operations (Include pregnancy within 3 months of death)  15. Birthplace / Major findings: Of operations (Include pregnancy within 3 months of death)  16. (a) Informant Mr. Welliam of Major findings: Of operations (Include pregnancy within 3 months of death)  17. (a) Informant Mr. Welliam of Major findings: (a) Accident, suicide, or homicide (b) Date of occurrence (month) (Major findings: (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur (City or town) (County) (State)  (c) Cernetery or crematory or dow of County of Date in public place) (Specify type of place)  (b) Address 401 House of Occurrence (specify type of place)  (b) Address 401 House of Occurrence (specify type of place)  (c) Means of injury occur about home, on farm, industrial place, in public place)  (c) Means of injury occur about home, on farm, industrial place, in public place)  (c) Means of injury occur about home, on farm, industrial place, in public place)  (d) Did injury occur about home, on farm, industrial place, in public place)  (e) Means of injury occur about home, on farm, industrial place, in public place)	6 (b) Name of husband or wife		
8. AGE: Years Months Days If less than one day  10. Usual Occupation  11. Industry or business standard Tog Emigration  12. Name Welliam & Stall  13. Birthplace Ballius of Monthly  15. Birthplace Ballius of Monthly  16. a Informant M. William of Monthly  16. b Address 210 Sensor Arlund  (b) Address 210 Sensor Arlund  (b) Date thereof 2/2/939  (c) Cemetery or crematory out of Monthly  (c) Cemetery or crematory out of Monthly  (day) (read)  (day) (read)  (day) (read)  (e) Modress 90 Defluing Markettrar  (e) Maria of deceased (mo., day, yr.) May 13   90    (b) Address 90 Defluing Markettrar  (c) Means of injury occur? (City or town) (County) (State)  (e) Means of injury occur about home, on farm, industrial place, in public place)  (f) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)  (g) Means of injury occur about home, on farm, industrial place, in public place)		Immediate cause of death Cardia	Duration
8. AGE: Years Months Days If less than one day hr. min.  9. Birthplace Ballius ort, M.A.  10. Usual Occupation 11. Industry or business standard Say Equipped One 13. Birthplace Ballius ort Blatting of Bratists 14. Maiden Name May 6, Moutley 15. Birthplace Ballius ort, M.A.  16. (a) Informant Mr. William of County May 16. Date thereof 2/2/939 (b) Address 220 Penerset Arthurl  (c) Cemetery or crematory or down of May (cure) (c) Cemetery or crematory or down of May (cure) (b) Address Gold Delegis And (cure) (c) Means of injury occur about home, on farm, industrial place, in public place) (e) Means of injury 23. Signature  Map Date signed  Ma	7. Birth date of deceased (mo., day, yr.) Man 13 1908.	Jaslens - done	14 les
9. Birthplace Ballius of Court of Court of Court of Courty of Cour			7 1
9. Birthplace Ballius of Court of Court of Court of Courty of Cour	31. 8 26 hr. min.	Due to Manthe Heart	
10. Usual Occupation  11. Industry or business Standard Soy Emilypericon  12. Name William & Clark  13. Birthplace  14. Maiden Name May 6. Monteley  15. Birthplace  16. (a) Informant Mr. William & County  (b) Address 210 Penrost Arlund  17. (a) Lunce (b) Date thereof (2/2/2/934)  (c) Cemetery or crematory found of Mr. (c) County  (day) (year)  (c) Cemetery or crematory found of Mr. (c) County  (day) (year)  (b) Address 90 Date signed  (b) Address 90 Date signed  (c) Means of injury occur and injury of the place)  (d) Means of injury (2) Specify type of place)  (e) Means of injury (2) Signature  (e) Means of injury (2) Signature  (e) Means of injury (2) Signature  (f) Means of injury (2) Signature  (g) Means of injury (2) Signature  (h) Address 90 Date signed  (h) Date signed		River	
12. Name Welliam & Scale  13. Birthplace & allowed & Major findings:  14. Maiden Name & Melliam & Montely  15. Birthplace & Melliam & Condition  16. a Informant & Welliam & Condition  17. (a) & Lucial & (b) Date thereof & 12/1939 (mopth) (day) (year)  (c) Cernetery or crematory & oulou & Course & Co	(Town, county, and atate)	Due to	
12. Name Welliam & black 13. Birthplace 14. Maiden Nature Ballius or Mouley 15. Birthplace 16. (a) Informant Ms. William of County (b) Address 210 Persons Freue (c) Cemetery or crematory founds (month) (day) (year) (c) Cemetery or crematory founds (month) (day) (b) Address 49 Defense founds (c) Merial director founds (d) Funeral director founds (e) Merial or founds (founds) (fou	10. Usual Occupation & Cherator		
12. Name Welliam & black 13. Birthplace 14. Maiden Name Mary 6 Montaley 15. Birthplace 16. (a) Informant Mr. William of County (b) Address 210 General (b) Date thereof 212 939 (c) Cemetery or crematory outlon Major findings:  (c) Cemetery or crematory outlon Major findings:  (d) Date of occurrence (e) Where did injury occur?  (c) Cemetery or crematory outlon Major findings:  (d) Date of occurrence (e) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury 23. Signature  (e) Means of injury 23. Signature  (finclude pregnancy within 3 months of death.  Underline the cause to which death should be charged statistically.  24. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury 23. Signature  (e) Means of injury 23. Signature  Address Major findings:  Underline the cause to which death about to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  Address Major findings:  Of operations  Underline the cause to which death about to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  Address Major findings:  15. Birthplace  15. Birthplace  16. Of autopsy  17. (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur?  (e) Means of injury  23. Signature	11. Industry or business Maistard Jog Samprant of	Other Conditions	
13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant  17. (a) Lucal  (b) Date thereof  (C) Cemetery or crematory  (			BUYSICIAN
14. Maiden Name Mary 6, Moule Cy. 15. Birthplace Belieus orf, 14dd. 16. (a) Informant Mr. William F. Court of County (a) Accident, suicide, or homicide 17. (a) Limit (b) Date thereof (2/2/939) (c) Cemetery or crematory outdon of Court.  Location 3801, Medical Court of Court of County (State) (b) Address German of Process of Court of County (State) (c) Cemetery or crematory outdon of Court.  Location 3801, Medical Court.  (b) Address German of place (c) Means of injury occur about home, on farm, industrial place, in public place) (c) Means of injury (c) Means o		(Include pregnancy within 3 months of death;	PHISICIAN
15. Birthplace  16 (a) Informant Mr. William of County  (b) Address 27/0 Penrose Arlund  (Burial, cremation, or removal)  (c) Cemetery or crematory ou don of County  Location 380/ Penrose Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Expectly type of place)  (b) Address 90/ Dealling Registrar  (e) Means of injury  23. Signature  (b) Madress Address A			Underline the
15. Birthplace  16 (a) Informant Mr. William of County  (b) Address 27/0 Pentrose Arlund  (b) Date thereof (2/3/939)  (c) Cemetery or crematory Couldon of County  (c) Cemetery or crematory Couldon of County  (d) Did injury occur about home, on farm, industrial place, in public place)  (d) Did injury occur about home, on farm, industrial place, in public place)  (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Means of injury  (h) Address Gold Date signed  (h) Date sign	14. Maiden Name/ Mary 6, Mouley.		death should be
(a) Accident, suicide, or homicide  (b) Date of occurrence  (hurial, cremation, or removal)  (c) Cemetery or crematory outdone of Courty  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (found)  (great)  (h) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (found)  (	1. //	Of autopay .	charged statis-
(c) Cemetery or crematory out don of Courty (conty) (Specify type of place)  (b) Address Gol Hedeuer (b) Date thereof (mopth) (day) (year)  (c) Cemetery or crematory out don of Courty (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury (Specify type of place)  (f) Means of injury (h) Address Gol Hedeuer (h) Address Ad		22. If death was due to external causes, fill in the f	ollowing:
(c) Cemetery or crematory out don of Courty (conty) (Specify type of place)  (b) Address Gol Hedeuer (b) Date thereof (mopth) (day) (year)  (c) Cemetery or crematory out don of Courty (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury (Specify type of place)  (f) Means of injury (h) Address Gol Hedeuer (h) Address Ad	16 Address 2710 Penrose Arlune	(a) Accident, suicide, or homicide	
(c) Cemetery or crematory out don of County (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury (County) (State)  (b) Address GP1 Halling (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury (County) (State)  (f) Where did injury occur?  (City or town) (County) (State)  (g) Means of injury (County) (State)  (g)		(b) Date of occurrence	
(c) Cernetery or crematory Location 3801. Reducif Road.  Location 3801. Reducif Road.  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  (a) Did injury occur about home, on farm, industrial place, in public place?  (b) Address GP1 Road.  (c) Means of injury  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  Address Address Address Address Address Address	(Burial, cremation, or removal) (mopth) (day) (year)		
Location 3801. Medeuel 2002.  18 (a) Funeral director folice of owner 9 fore  (b) Address 901 Hoflines  (c) Means of injury  23. Signature  23. Signature  Address Hogsen Ag Date signed 77.	(c) Cemetery or crematory Loudon On Louis.		
(8) Funeral director folie of owar Fore (b) Address Gol Hofelines (c) Means of injury 23. Signature  (e) Means of injury 23. Signature  Address Hoge Ag Date signed 77.	Location 3801 Frederick Road.		
(b) Address Gol Hafelines thet, (c) Means of injury  23. Signature Charles Ag Date signed The Right Address Address Ag Date signed The Contract of the Right Address Address Ag Date signed The Contract of the Right Address Address Ag Date signed The Contract of the Right Address			
19 (a) That roud by registrar (b).  Rordstraf Address To again Ag Date signed 7	2/2/100 : 4 . +		- 0
		23. Signature Mayle / Marie	1
	(b) . 1 . 4 . 4	We told and All Description	12 2 39
Vs 1		Address F. J. J. W. Come and	media / - /

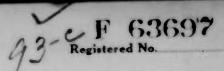
VS 6

CERTIFICATE	OF DEATH OF	
	2. USUAL RESIDENCE OF DECEASED:	-
PLACE OF DEATH: Baltimore City, Maryland	(g) State had (b) County	wor.
Street address 1006 mc Donough	(c) City or town (If out ide city or town limits, write RURAL	and give town)
	in section. 1006 he Drong	
Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs., mos., or days) 62	e If foreign born, how long in U. S. A.	year
441	DDEN DORF	
	MEDICAL CERTIFICATION	20
(h) If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH Decamber 84 19 39	. at /O M
Sex 5 Color or race 6 a Single, married, widowed, or divorced WIDOWED	21. IHEREBY CERTIFY, That I took charge of the ren above, held an thereon and from	m the evidence
Name of husband or wife nancy Maddens years	obtained by said (Autops) or Inquity)  (Autops) or Inquity)	
6 (c) If alive, give age years	to death on the day stated above.	
Birth date of deceased mo, day, yr	Immediate cause of death	Duration
S. AGE: Years Months Days If less than one day hr. min	Cornery hrombons	
9. Birthplace Bultinion	Due to	
10. Usual Occupation My Ar Water Manc	Due to	
11 Industry of business		
# 12 Na Ausman Middendont	Other Conditions	PHYSICIAN
13 Ruhplace / Jacks	(Include pregnancy within 3 months of death	Underline the
# 14 Marden Name Censure Eversie	Major findings: Of operations	death should b
15. Birthplace Bacto	Z Of autopsy	charged statis
16 la Internant John a Middendor		following
	Accident, suicide, or homicide  (h) Date of occurrence	
17 (a much cremoval) Date thereof (month) (day) [4]	Where did injury occur?	ounty) (Atute)
Cemetery or crematory Can Raum	Did mury occurabout home, on farm, industri	ial place, in publ
exation & allumon	place? (Specify tope of place) While at w	VOTK?
18 (a) Funeral director John Course Por	(e) Means of injury	der - M
(b) Address 2008 with Milliams, M.R.	Date signed CC 9th, 1939	doer.
19 (d) Registrar	Date signed	

### F 63697

VS 3

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



d) Length of stay in hospital or inst. (yrs., mos., or days)	A des America
d) Length of stay in hospital or inst. (yrs., mos., or days)  (c) City or town  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (d) Length of stay in hospital or inst. (yrs., mos., or days)	A des America
d) Length of stay in hospital or inst. (yrs., mos., or days)  (c) City or town  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (d) Length of stay in hospital or inst. (yrs., mos., or days)	A des America
d Length of stay in hospital or inst. yrs., mos., or days	te the
d Length of stay in hospital or inst. lyrs., mos., or days	
(e) It foreign born, now long in C. S. A.	yents
() tankin of any management	
(a) FULL NAME	
3 (b) If veteran, name war  No.  MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH	9. At 11 am
4. Sey 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated divorced.	ted; that lattend-
and that lest saw her alive on wete.	19 34.
6 a If alive, give age years Immediate cause of death Muse Carditain	Duration 6 mos
7. Birth date of deceased mo., day, or July 7 1884 Wronce	
8 AGE: Years Months Days Mess than one day hr. min. Due to Unknown	
9. Birthplace Batterior Due to	
10. Unual Occupation Hose Lady,	
II Industry or business falles Januaris Other Conditions	PHYSICIAN
12 Name Joy Cot Kores, (Include pregnancy within 3 months of death)	
Major findings:	t nd rl ne th
	1 ath should
14 Maiden Name City arect Seminit	ti ally.
C A L L L L L L L L L L L L L L L L L L	
22. If death was due to external that	tonowing.
(a) Accident, suicide, or homicide	
) Date of Section	
	ounty) (State)
Cemetery or crematory  (d) Did injury occur about home, on farm, industri	vork)
Location Bullians place? (Specify type of place)	
18 (a) Funeral director John Celly (e) Means of injuly of f	form
(b) Address 200 8 Williams 9 23. Signature	M D.
FIG of 0 1939 (b) Address Address Montaganay Date	signed /8/

## BALTIMORE CITY HEALTH DEPARTMENT

F 63698 Registered No.

63698 CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland (a) State MS (b) County Bellining 601 W. Lee M 1 Street address (c) City or town outside city or town limits, write RURAL and give town) c Hospital or institution: (d) Figeet No. 60.7 W Lee W
(If rural give location) d Length of stay in hospital or inst. yrs., mos., or days (e) If foreign born, how long in U. S. A.? length of stay in Baltimore yrs., mos., or days Hurley William Henry 3 a FULL NAME MEDICAL CERTIFICATION 3 c Social Security Account 20. DATE OF DEATH Dec. 6 139, at 3 h If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-5. Color or race 6 (a) Single, married, widowed, or ed deceased from Nov 18 1937, when 1939. 4. Sex divorced Willow m and that I last saw have on the 1937. 6 & Name of husband or wife Lura Hurley Duration Osin 6 (c) If alive, give age Immediate cause of death 3000 luna 7. Birth date of deceased mo, day, yr ) Jun 27/877 8 AGE: Years Months Days If less than one day Chumi Inbublial night 10 9 hr. 62 9. Birthplace Celvert lo. mo Due to lagrefera 10. Usual Occupation Other Conditions 11. Industry or business PHYSICIAN (Include pregnancy within 3 months of death) 12. Name wm H / Lully I nderline the Major findings: 13 Birthplace ms cause to which Of operations teath should be charged statis-14 Maiden Naine Continue Of autopey 15 Birthplace 22. If death was due to external causes, fill in the following: 16 (a) Informant Ozable frhimm (a) Accident, suicide, or homicide b Address 60) W. Lea M h) Date of occurrence (Burial cremation, or removal) | Date thereof 12 10 39 (c) Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public (c) Cemetery or crematory mt. Calary Conty While at work? Location Control Mariant place? (Specify type of place) 18 a Funeral director passes to lo of 112,10 23. Signature DIFTerrel (1) Address of 1 1 1 2 de de la vier Sie VI Address 911 Warner Date signed 49/39

I have rood by registrations the other Miles of Replacer

CERTITION		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
- · · · · · · · · · · · · · · · · · · ·	(a) State 24 & (b) County	
Street address JR6 M Brice	(c) City or town (If outside city or town limits, write RURA)	
Street address On Contract of the Contract of		L and give town
Hospital or institution:	d on W Drice	
	No. 526 M Drice (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days)	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	7 veate
Length of way in marginal formation for the same of th	e) If foreign born, how long in U. S. A.	
Length of stay in hospital or inst. (yrs., mos., or days) (CO 1/2)	,	
(a) FULL NAME Jacob Wagne		
Account Account	MEDICAL CERTIFICATION	, P.
10145 Xerricona ringra-	ON DATE OF DEATH	, at // /a. M
No.	. I the date shove state	(60; (Dat ratteno-
Sex 5. Color or race 6 (a) Single married, widowed, o		6. 1939.
divorced. We downed	ed deceased from	29.
I'M The The Way he	and that I last saw him alive on Dec 6, 1	Duration
Name of husband or wife Marthus Willy he 6 (c) If alive, give age year		Date
0 (6) 11 att - 7		6 m
7. Birth date of deceased (mo., day, yr.) 1/24 23 /16	Chronic Inx. Hephrida.	6 14
A ACE: Years Months Days	D 4	-
16 6 193 hr. mi	A Date of	
Jermany 1		
9. Birthplace (Town, county, and state)	Due to	_
10. Usual Occupation Private A	7	
11. Industry or business	Other Conditions Zone	PHYSICIAN
	(Include pregnancy within 3 months of death)	
12 Name Not Mouse	Major findings:	Underline th
12. Name 13. Birthplace	Of operations	death should b
(1) Bittiplace		charged statis
14. Maiden Name	Of autopsy	tically.
E	2. If death was due to external causes, fill in the	following:
- 1 12 Wax red	2. If death was due to external causes	
16 a Informant Little	(a) Accident, suicide, or homicide	
(b) Address 526 Bree 124	(b) Date of occurrence	
(b) Date thereof 12 11-	(c) Where did injury occur? (City or town)	County) (State)
(Hurial remail) (month) iday) ()	d Did injury occur about home, on farm, industr	rial place, in pub
(c) Cemetery of crematory	While at	work?
C. Dallater & Black	place? (Specify type of place)	The state of the s
Location G Landy	Means of injury	
18 a) Funeral director	( ) The VITTER	w D
(b) Address the plants of Your of the	23. Signature	Samuel 2/9/34
to too belliance Mi	Address 85 / Date bank Date	signed /9/ 3
190 1 A 1820 interes		

### CERTIFICATE OF DEATH



001.00	CERTIFICATE O	OF DEATH	
		USUAL RESIDENCE OF DECEASED:	7/11/2
PLACE OF DEATH:  Baltimore City, Maryland  Street address Cather + O		State Ind. (b) County  City on town Baltimore  (It outside city or town limits, white RURA)	
Hospital or institution:  Hospital or institution:  Length of stay in hospital or inst. (y	Hospital (d)	Stree No. 2 503 . Christ	Land give town
Length of stay in Baltimore (yrs., m	os, or days	If foreign born, how long in U. S. A.?	
a FULL NAME TOAR Mary	V A. 1 11		
(b) If veteran name war	(c) Social Security Account	MEDICAL CERTIFICATION  Describer 9 19 3	9. at 4 a. M
Sex 5. Color or race 6 (a) divorce	Single, married, widowed, or 21	1. I certify that death occurred on the date above sta	e. 9. 1939.
enale white	ward P. Staff at	nd that I last saw here alive on Dec. 9	Duration
7. Birth date of decessed (mo., day, yr	11-14-1887	Cerelow vascular acont	over
8. AGE: Years Months 23	hr. min.	Due to Appet arsiar	
9. Birthplace Hallies (Town,	county, and state)	Due to	_
10. Unual Occupation forces  11. Industry or business	7	Other Conditions	PHYSICIAN
12. Name Herry Vo	gler	(Include pregnancy within 3 months of death)  Major findings:	Underline the
13. Birthplace	Weste	Of operations	death should be
14. Maiden Natherly afet	111888	Of autopsy fill in the	e following:
16 (a) Informant durand	1. 000	22. If death was due to external causes, fill in the	
6 Address 7 50 3. Cl	ustrain of	(b) Date of occurrence	County) (State)
(Burial, cremation, or removal)	Date thereof (month) (day) (year)	(d) Did injury occur about home, on farm, indust	rial place, in publi
location Palties	a Manylow	place? (Specify type of place)  (e) Means of injury	2
18 (a) Funeral director J. D. A.	6/11: 450	23. Signature Share Shafe Date	e signed /2.
19/19/ Was of still (greaters)	region Philiauth Miss.	Address	

# CERTIFICATE OF DEATH

F 63'701
Registered No. CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	
calculate California and California and California and California and California and California and California	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland Street address 4 50 Cillyman Que Hospital or institution:	(c) City or town (If outside oity or town limit) write RURAL (If rural give location)	and give town)
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Bailimore (yes, many)		
b) If veteran, name war	THE OF DEATH	, at 8 cb M
Sex 5. Color or tace 6 (a) Single, married, widowed. 6 (a) Name of husband or wife 6 (c) If alive, give age year	21. I certify that death occurred on the date above some deceased from 13 1939, to A and that I last saw her alive on the 23 19	1955. Duration
	Due to	
9. Birthplace (Town, comes, and state) 10. Usual Occupation	Other Conditions mal notition	
11. Industry or business  12. Name  13. Birthplace	Major findings:  Of operations	PHYSICIAN  Underline the cause to which leath should be harked statistically.
14. Maiden Name  15. Birthplace  16 is Informant  1 Address  1 Address  1 Address	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide 10  (b) Date of occurrence	following:
17 a total cremation or removal)  Cemeters or crematory  Location  18 a Funeral director	d Did injury occur about home, on farm, industres place?  (Specify type of place)  (Means of injury A Pheryon	ial place, in publi
b Address are 3 5 to 22 1 to 19 19 19 19 19 19 19 19 19 19 19 19 19	23. Signature  23. Signature  Address/305 Worth PA Cont Date	signed Joh

#### 63702

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

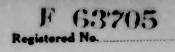
7-0 F 63'702
Registered Ne.....

63702 CERTIFICAT	E OF DEATH	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State Md (b) County	
Street address	(c) City or townBalto . (If outside city or tuwn limits, write RURA	L and give town)
Hospital or institution:	Street No. 1225 N. Potomac St	
TOTAL TOTAL	d) Street No. (If rural give location)	
Length of stay in hospital or inst. (And Mary days) 17  Length of stay in Baltimore (yrs., mos., or days) 11fe	(e) If foreign born, how long in U. S. A.?	yeare
(a) FULL NAME William Boblitz , Jr.	MEDICAL CERTIFICATION	
(b) If veteran, name war No	Dec 9,1939 19 39	9, at 9 A M
Sex 5. Color or race 6 (a) Single, married, widowed, o divorced.	21. I certify that death occurred on the date above started deceased from NOV 22 19.39, to Deceased that I last saw h 1m alive on Dec 9	9 1939 .
(b) Name of husband or wife year		
O C II alive, Rive age	Hemmorhage (intestinal	5 min
Birth date of deceased (mo., day, yr.) Nov 20, 1937	- I a star Foilure	5 "
AGE: Years Months Days If less than one day 2 hr. mi	Acute myeloid leucemia	5 week
10. Usual Occupation thild  11. Industry or business	Other Conditions	PHYSICIAN
walliam Roblitz	(Include pregnancy within 8 months of death)	Underline th
12. 1	Major findings:  Of operations	cause to whice
T) Dittiplies	Of operations	charged statis
14. Maiden Name Edna Mack	Of autopsy	tically.
15. Berthplace Balto	22 If death was due to external causes, fill in the	following:
Father	(a) Accident, suicide, or homicide	
1225 N. Potomac St	(b) Date of occurrence	40000 00 0 A000
17 (a) Tourist (b) Date thereof Dec. 11-3 (month) (day) (y	(c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, indust	founty) (State)
(c) Cemetery or crematory Moreland Manier	White at	work?
Location Baltimore Warylan	place? (Specify type of place)	
18 (a) Funeral director John C. Miller One	(e) Means of injury	Leuthal.
2433-35 8. Bliver 55.	23. Signature tough Courte	M. D.
19 6 Address 24 33-35 6. William ridults	Address Mercy Hofelal Date	e signed Maly

STOS 48643-FS BALTIMORE CI	CATE OF DEATH  2. USUAL RESIDENCE OF DECEASED:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LACE OF DEATH:	(a) State Ma. (b) County	
City Maryland	(d) State	
4940 BESTEIN	(i) City of ton Balto. (If outside city or town limits, write RURA	L, and kive to
Hospital or institution:	(d) Street No	
Balto. City hospitcas	mo .14085 •	yeare
Hospital or institution:  Balto . City Hospitals  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days).	26 yre of foreign born, how long in U. S. A.?	
	CATION	200
a) FULL NAME  alsie Hennemann  3 (c) Social Security	Account D. Aug 9 193	9 at 1 M
b) If veteran, name wat	20 DATE OF DEATH	ated; that lattend-
10.	owed, or 21. certify that death of	sc 4 19
Sex divorced, congra		19 39 .
Female white Married-Separa	and that I last saw how and	Duration
(b) Name of husband or wife George 6 (c) If alive, give age	a company of death	4 months
	alsoholic Hepatitis	
Birth date of deceased (mo., day, yr.) 9-17-08	ne day	
AGE: Years Months Days	min. Due to	_
31 2 22 nr.		
. Birthplace V& . (Town, county, and state)	Due to	
1	Other Conditions	
O. Count Occupation	Other Condition	PHYSICIAN
1. Industry or business	(Include pregnancy within 3 months of death)	Underline the
12. Name Sam Story	Major findings: Of operations	death should be
12 Rie bolace		charged statis
Isa Stallinge	Of autopay severe highthis	
	as It death was due to external causes,	the following.
15. Birthplace  B. W.H. Records	(a) Accident, suicide, of nomicide.	
6 (a) Intorman	(b) Date of occurrence.	
Burial (b) Date thereof	/ / Z / 3 / 1	(County) (State)
7 (a) (Burial, month) Oath & drak	hout home, on farm, ind	at work?
a samplery Curry	place? . (Specify type of place)	
Location Bulto Music		0
8 (a) Funeral director William Coot	23. Signature Local Hosfa [	M. D.
a runeral difference	73 Signature	an signed 25 1-
(b) Address 1217 57. Fund	Address Balto City Horge 1	Jate sign.

HEALTH DEPARTMENT—CITY OF BALTIMOR 63704 CERTIFICATE OF DEATH Registered No .... (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. ds. How long in U. S. If of foreign birth? yrs. mos. If U. S. Veteran Length of residence in city or tuspecify WAR 2. FULL NAME Ward. (If non-resident give city or town and State) (a) Residence: No .. (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, 4. Color or Race attended deceased That I CERTIFY, I HEREBY hm. 39 Decah is said ba. If married, widowed, or divorced HI SBAND of to have occurred on the date stated above, at. (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year Date of angel If LESS than Months Years 7. AGE 1 day bra. 8. Trade, profession, or particular kind of work done, as spinner, anyer, bookkeeper, etc. 9. Industry or business in which Other contributory causes of importance: work was done, as silk mill, saw mill, bank, etc ... 11. Total time (years)
spent in this securption 10. Date deceased last worked at this occupation (month and yeart Was an operation performed?-12. HIRTHPLACE (city or (State or country) For what disease or injury? Name of operation. 13. NAME Was there an autopsy? What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the foi-14. BIRTHPLACE (city or town) (State or country) Date of injury lowing: Accident, suicide, or homicide?..... 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16, BIRTHPLACE (city or town) (State or country) place 17. INFORMANT G Manner of injury 18. BURIAL OPENATION, Nature of injury 34. Was disease or injury in any way reinted to occupation of deceased? oudou (Signed) 20. FILED

### BALTIMORE CITY HEALTH DEPARTMENT



. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
	(a) State Maryland (b) County
Court & Sunbran	1 S. Otherson
b) Street address. L. W. C. Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
n	
	Street No
d) Length of stay in hospital or inst. (yes., mos., or days 2 days	
e) Length of stay in Baltimore (yrs., mos., or days) . 3 years	$(\epsilon)$ If foreign born, how long in U. S. A.? years
(a) FULL NAME Patricia Pay	
A A Service Account	MEDICAL CERTIFICATION
3 (b) If veteran, name war	20. DATE OF DEATH Secreter 9 1939, and :000, M
COST mid widowed of	21. I certify that death occurred on the date above stated; that I attend-
5. Color or race 6 a) Single, married, widowed, or divorced.	ed deceased from the 8 1939, to ale 9 1939,
I may a	and that I last saw h.M. alive on Dec. 9 19 39.
6 (b) Name of husband or wife	
6 c) It dive, give age years	Immediatorcathe of death Coleman
7. Birth date of deceased mo., day, yr.) huch /5 1937	Como Como
8. AGE: Years   Months   Days   If less than one day	- Ocute Luespuratre_
2 8 174 hr. min.	
A. The will he assland.	aggranas may agrana
9. Birthplace (Town, county, find state)	DVA to
10. Usual Occupation	
11. Industry or business 1	Other Conditions
at the A. For	(the lude prepriancy within 3 mg the of death)
12. Name	Major findings: / t'ndertine the
13. Birthplace Jallmore Maryant	Of operations the
14. Maiden Name There Therefigue	charged statis-
D. T	Of autopsy. tically.
15. Birthplace	22. If death was due to external causes, fill in the following:
16 (a) Informent Arthur	(a) Accident, suicide, or homicide
(b) Address 315 Crokere street	_
Burnel b Date thereof Blc. 15 /13	(c) Where did injury occur?
(month) (day) (year	
(c) Cemetery or crematory, Oak Lawre Bear	(a) Did mjery occur and the second of
Ralle. A.	place? While at work? (Specify type of glace)
Location has been to Delle	
18 (a) Funeral director	(e) Means of injury helmy T. Mile
(b) Address / 30/ 94 v 100	N. D. Signature
06 11 3020 W tout all Begintrar	Address Murcy Arafulat Date signed 14 9
Lebes of different trazy	# 1

#### HEALTH DEPARTMENT—CITY OF BALTIMORE 63706 CERTIFICATE OF DEATH Registered No..... (1) death occurred in 1. PLACE OF DEATH L Ward) Wa CITY OF BALTIMORE: (No..... Length of residence in city or town where death occurred Tyrs. If U. S. Veteran specify WAR 2. FULL NAME ... Ward. (If non-resident give city or town and State) (a) Residence: No... (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divasced (write the word) 21. DATE OF DEATH (month, day, year) CERTIFY, That I attended deceased from 4. Color or Race 3. SEX Alcember 10 Male Seembes 10 , 19 39 Death in said Sa. If married, widowed or divorced HUSBAND of to have occurred on the date stated above, at 5 pm. (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) If LESS than Dave Months 7. AGE 1 day hrs. or min. 0 s. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc ... 208 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ardor variables 11. Total time (years) 10. Date deceased hart worked at spent in this this occupation (mer th and occupation. SPATE Was an operation performed? ... 12. BIRTHPLACE (city or topp) IRRIA (State or compiler) For what disease or injury? What test confirmed diagnosis? See Was there an autopay? 13. NAME 23. If death was due to external causes (violence) fill in also the fol-14. BERTE PLACE (che or town) (See or country) Accident, suicide, or bomielde? Date of thinry .... 15. MAIDEN NAME Specify whether injury occurred in industry, in home, et in public 16. BIRTHPLACE (city or town) (State or (Auntry) Juney place 15. INFORMANT Manner of Injury 18 BERIAL, CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? Mo ... If was a eriff. 19. UNDERTAKER M. D. balta Moderate

#### 63707

LB 49332

### CERTIFICATE OF DEATH BALTIMORE CITY HEALTH DEPARTMENT



F 63707

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		(a) State Maryland (b) County	
(b) Street address 4940 Eustern Avenue		Da ladmone	
(c) Hospital or institution:		(c) City or town Baltimore  tlf outside city or town ilmits, write RUR	AL and give town)
Baltimore City	Hospitals 17 days	1300 7000000 54	
(d) Length of stay in hospital or	rinet. (yrs., mos., or days) 1 mth		A VIEW
	(yre., mos., or days). ?	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Sarah Thomas			
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	44-
	No.	20. DATE OF DEATH /2-5 19 3	7. 16 PM
4. Sex 5. Color or race	6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	
Female Brown	divorced. Married	ed deceased from 10 - 1.4. 1937, to 12	4
6 (b) Name of husband or wife	Joseph	and that I last saw her alive on 1.2.5	
or introduce of wife	6 (c) If alive, give age years	Immediate cause of death	Dereties
7. Birth date of deceased (mo.,	day, yr.)	Curcui ona Stomach with	ver 2
Company of the Compan	Days If less than one day	netration and pylone statuent	in position
70 7	? hr. min.	Due to	
Y			
9. Birthplace Md.	(Town, county, and state)	Due to	
10. Usual Occupation H. W		.,	
11. Industry or business	C C	Other Conditions	-
12 Name ? Barber		Haclude pregnancy within 3 months of death)	PHYSICIAN
12. Name ? Barber 13. Birthplace Md.		Major findings:	Underline the
		Of operations une	cause to which
14. Maiden Name ? 15. Birthplace Md.			death should be
15. Birthplace Md.		Of autopsy	tically.
16 (a) Informant Record		22. If death was due to external causes, fill in the f	ollowing:
(b) Address Baltim	ore City Hospitals	(a) Accident, suicide, or homicide	
	(b) Date thereof 12-11-39	(b) Date of occurrence	
(Burial, cremation, or remova	il) . (month) (day) (vent)	(c) Where did injury occur?	(90.4.)
(c) Cemetery or crematory	Mt. Calvany	(d) Did injury occur about home, on farm, industria	unty) (State)
Location anne a	undel Co. nd.	place? While at wo	
18 a Funeral directo Mrs.	Leo A. Holland	(Specify type of place)	
(b) Address /63/ D.	wid Hell are	(e) Means of injury	e0+
	· I WILL NO	23. Signature of the work for	M. D.
19 (a)	Registrar	Address Salto city And Date si	gned/2-6-31
### 1 1000	7 12	7	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH / 9 63708 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: a State MIL h County a Baltimore City, Maryland Patterson Park Ja c Hospital or institution d Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 62 4 (e) If foreign born, how long in U. S. A.? 3 ( FULL NAME MEDICAL CERTIFICATION 3 (c) Social Security Account 107 at 3 PM 3 / If voteran, name war No. 12-01-4-10 20. DATE OF DEATH Dec 9 21. I certify that death occurred on the date above grated; that lattend-5. Color or race (6 a) Single, married, widowed, or ed deceased from DIC 4 1939, to DIC 4. Sex divorced. and that I last saw hom alive on DAC 9 1934 mule 6 1 Name of husband or wife Mary B Okinie Duration Immediate cause of death My ocardates 6 c Walive, give age 7 Birth date of deceased mo, day, yr aug . 1877 If than one day & AGE: Years Months Days Due to 62 Ballenion Other Conditions Bronchopsercumonia 10 Usual Occupation Will 11 Industry or business PHYSICIAN the lude pregram; y within a menth of death) I morting the Major findings: north by the h Of operations leath should be 13 Bribplace harged statis 14 Maiden Name Of autopay 22. If death was due to external causes, lill in the following 10 1 Informani Tarvey & (a) Accident, suicide, or homicide b) Date of occurrence 1) Date thereof Dec 124 (c) Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public Cemetery or crematory Baltimore Cem While at work? (Specify type of place) 10 alterior (e) Means of injury Victor Goldberg 1 - Lotin Melrich 18 a Funeral director 2008 Irleans - 14 b Address

VS 3

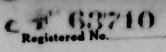
### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 709

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	R A	le
Baltimore City Maryland  Street address / 3 3 N Linux 4	a State // County	
Street address / 23/L Zun	(c) City or town Ballismon	Aladg town)
Hospital or institution:	(If cutside city or town limits; write RURA	1
	Street No. 123 12 Lesson	
Length of stay in hospital or inst. (yrs., mos., or days)		
Length of stay in hospital do y	() If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		
a FULL NAME Bradley Hills	à Davison.	- 0
3 and Security Account	MEDICAL CERTIFICATION	230
b) If veteran, name war	20. DATE OF DEATH Sec 9 193	7. ALX M
o: 1 mid widowed of	the date above ste	ited; that lattend-
Les divorced. ) // Amured	ad deceased from DEC 3 193 J. to NE	1 -1
male. while wanter	and that I last saw how alive on the 9-3	/
b Name of husband or www (2/ Million give age years	I death	L'ur action
O C II alive, give age	Immediate cause or destill Try	m /me
but late of deceased mo, day, ye.		
AGE: Years Months Days	Due to Chrome Interstated 1/9	ederal of
74 6 2 hr min.		
Butholine Friederick mid	Due to Parancoy Empalas	
Buthplace Meanne (Town, county, and state)		
10. Usual Occupation	Other Conditions	
II. Industry or business		PHYSICIAN
# 12. Name Sout Enon	cinclude pregranty within 3 months of death)	Under ine th
- Charles A	Major findings: Of operations	n see to white
13. Birthplace That Burn	Of Openation	harg d at
# 14. Maiden Name and Mills	Of autopsy	tically.
15 Burtholace Fulderick	22. If death was due to external causes, fill in the	e following:
16 a Informant mo Henrighta Bollinge	(a) Accident, suicide, or homicide	
h Address 1231 Linnord	(a) Accident, suicide.	
Buriar b Date thereof Sec 2-	and the same of th	County) (State)
17 a Burish, remation, or removal (month) (day) (year	(City or town)	
100 8011070	(d) Did injury occur about home, on farm, indust While at	work?
Cemetery or crematory Lake Turning Com	place? (Specify type of place)	
Location		
18 a Funeral director	2 Similar to 14 7 Fermular	w v
(b) Address 2000 alleaus	23. Signature	5172
19 10 1 18313 - FIT in The Miliau Wing May	23. Signature + . ) + 7 + Ermuler Address 7 9 / 3 & Balfo In Date	e diking of o
Chate red to registrate		

# CERTIFICATE OF DEATH, 46 Registered No.



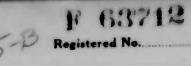
78 1 (20S2)T	CERTITION	2. USUAL RESIDENCE OF DECEASED:	A T T T T T
LACE OF DEATH: Baltimore City, Maryland		(a) State Maryland (b) County	
Street address 4940 Es	stern Avenue	D-1+4=074	a wife a favore to h
Street address Hospital or institution:		(c) City or town limits, write RURAL	and give town)
Baltimore City Ho	spitals	Street No. 820 Druid Hill Avenue	
Har fillion of the	was or days 19 days		
Length of stay in hospital or Length of stay in Baltimore	inst. (yrs., mos., or days) 19 days	(e) If foreign born, how long in U. S. A.?	years
) FULL NAME William J		MEDICAL CERTIFICATION	
b) If veteran, name war	3 (c) Social Security Account No.	/ 2-7 1937	and J. M
Sex 5. Color or race  Colored	6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above state	
	4.	and that I last saw h / a sive on . /	Duration
b) Name of husband or wife	6 c If alive, give age years	Immediate cause of death	yeveral
Birth date of deceased mo		Dronde peramone	layer
AGE: Years Months 2	Days II less than	Due to Caremona of calcume	?
. Birthplace Md .	(Town, county, and state)	Due te	
Usual Occupation POI     Industry or business	rter	Other Conditions	PHYSICIAN
1. Industry of the mid	Teckson	(Include pregnancy within 8 months of death)	Underline the
12. Name Richard 13. Birthplace Md.		- Of operations Carean Jacob us	cause to which jeath should be charged statis-
14. Maiden Name Al	ice Chose	Of autopsy	tically.
5 15. Birthplace		22. If death was due to external causes, fill in the	following:
Perord	S Vacnitals	(a) Accident, suicide, or homicide	0000
(b) Address Balti	more City Hospitals	(b) Date of occurrence	
17 a Burial	(b) Date thereof (month) (day) (yes	Where did injury occur?	ounty) (State)
(Burial, cremation, or rea	mt Colvan	(d) Did injury occur about home, on farm, industri	rork?
(c) Cemetery or cremator	ooklyn.	place?(Specify type of place)	
Location	I solphus Hols	Lode Means of injury	
18 a Funeral director	1 Sund Hills	123. Signature L. Kulos Curroft.	M. D.
(b) Address 7/8	29 Compile	Ballo Es. Hosp Date	signed/2-8-37
(19 (a) 7 +	b) 1 1 1 / habiltrar	Address	
Date round by registrar)	The state of the s		1

## BALTIMORE CITY HEALTH DEPARTMENT

F 63711 Registered Ne.....

00/11	CERTIFICATE	OF DEATH V	
		2. USUAL RESIDENCE OF DECEASED:	-1
PLACE OF DEATH:  Baltimore City, Maryland  Street address 49 E  Hospital or institution:	23 rl. H	(a) State Md (b) County.  (c) City or town Baltimir (If outside city or town limits, write RUR.  449 6 23 M	AL and rive town)
Length of stay in hospital or inst. (yrs., Length of stay in Baltimore (yrs., mos.,	mos., or days), or days). Life	(e) If foreign born, how long in U. S. A.?	yeare
(a) FULL NAME John Was	shington	MEDICAL CERTIFICATION	
b) If veteran, name war   3 (c)   No.	Social Security Account	TO DATE OF DEATH & EL 8 193	7. at 8:30 4M
Sex   5. Color or race   6 (a) Sindivorced.	gle, married, widowed, or	21. I certify that death occurred on the date above et ed deceased from help 1959, to and that I last saw here alive on less 8	1939.
	live, give age years	mardiate cause of death Nemorrhage	- Durating
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days	If less than one day  hr min.	Due to Hypertension and Meph	Jyrd.
10. Usual Occupation Chauffel	Mrs, and state)	Other Conditions Destate Mestatur	- 11
11. Industry or business  12. Name allfands	Washington	(Include pregnancy within 3 months of death)  Major findings:	PAYSICIAN Underline the
13. Birthplace	Curtio	Of operations	death should be charged statistically.
14. Maiden Name William  15. Birthplace	1101 =	Of autopsy  22. If death was due to external causes, fill in the	
16 (a) Informant Sabelle (b) Address 449 E.	23 Le Str	(a) Accident, suicide, or homicide	
17 (a) Busial (b) Date (b) Date (b) Date (b) Date (b) Date (b) Date (c) Dat	thereof 12/1/3 (year (month) (day (year	(c) Where did injury occur? (City or town)	(County) (State)
Location . 18 alto.	Ind Lock	place? (Specify type of place)	work
(b) Addres 18 0 4 1.	Central arc.	(e) Means of injury  23. Signature  214 C 2 3 Da	rigned Lollo
19 (a) (Date rec'd by registrar)	transfire Millionne	Modelress 434 8.20 V	11

# CERTIFICATE OF DEATH 95 Registered No...



2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(a) State
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town
4507 Liberty Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.?
(e) it lotting both, not long it of
t CERTIFICATION
MEDICAL CERTIFICATION
20. DATE OF DEATH 129 1839 . at 10:451
1 1 leastify that death occurred on the date above stated; that latter
19.10 to 10/4 190
and that I last saw he alive on 1999.
Immediate cause of death
arteur selliositie
Heart Speak
Due to Semility
1
Due to
Other Conditions PHYSICI
(Include pregnancy within 3 months of death)
Major findings:
Of operations death should death should be at the should
Charged a tically.
Of autopsy
e (a) Accident, suicide, or homicide
1 100 vin and 1:1 injury occur)
ar) (c) Where did injury occur. (City or town) (County) (Sta
(d) Did injury occur about home, on farm, industrial place, in p
place? (Specify type of place) While at work?
(e) Means of injury MANAGEN
23. Signature Jach , 13 ' 14 y
1006
r

VS 8

### BALTIMORE CITY HEALTH DEPARTMENT 47 -B F 63713 CERTIFICATE OF DEATHV

500	100	CERTIFIC		
LB 500			2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DE	Tity Maryland	4	(a) StateMaryland (b) County	
the stantage of	institution:	tern Avenue	(c) City or town Baltimore (If outside city or town limits, write RURA	L and give town)
Belti	more City b	lospitals	1 mth. (d) Street 815 Burgundy St. (If rural give location)	
Length of	etay in hospital or etay in Baltimore	(yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeare
ENTEN MAI		and	MEDICAL CERTIFICATION	- 110
The second secon	n, name war	No 2/2-12-2	682 20. DATE OF DEATH Manufer 10 1939	ted; that lattend-
. Sex	5. Color or race	and a suido	wed, or 21. I certify that death occurred on the 34 to	ce 10 19 39.
	of husband or wife	Christina 6 (c) If alive, give age 3	ed deceased from and that I last saw how alive on the 10 years benediate cause of death  Cas con ourse of the Rung	Duration 6 mentions.
Birth date	of deceased mo.	day, yr.) May 6, 189 Days If less than one	day	
3. AGE: You	7	4 hr.	min. Due to	1
9. Birthplace		(Town, county, and	Due to	
10. Usual Oc	or business U	nemployed [	Other Conditions	PHYSICIAN
12. Nam	w4114e		(Include pregnancy within 3 months of death)  Major findings:	Underline the
Z 13. Birth	place	len Sheridan (d)	Of operations not done.	death should leharged stati
14. Maid 15. Birth	den Manne		22 If death was due to external causes, fill in th	
16 (a) Info	rmant Reco		(a) Accident, suicide, or homicide  (b) Date of occurrence	
17 a Ja	Junal	(b) Date thereof 12 -	13-87 wn did injury occur?	County) (State
Bur	metery or cremation	TA IOUTHY IIOU	(d) Did injury occur about home, on farm, industrial place?  (Specify type of place)	work?
Lo	cation O	emard C:	Heans of injury newastelede	
(b) A		SI E MED	Allow Allow	m. D. e signed /2-1/-
19/96	11 19 19 MA	Mary 1	Registrar Address	

. PLACE OF DEA' a) Baltimore Cit

b) Street address c) Hospital or in

d) Length of stay e) Length of stay (a) FULL NAME

(b) If veteran, n

b Name of hi

I. Sex Female ( Registered No.

### BALTIMORE CITY HEALTH DEPARTMENT

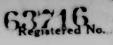
CERTIFICAT	E OF DEATHY
PLACE OF DEATH: ) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
Street address Baltimore, Maryland  Hospital or institution:	(a) StateMaryland. (b) County
Baltimore City Hospitals  () Length of stay in hospital or inst. (yrs., mos., or days)  () Length of stay in Baltimore (yrs., mos., or days)	(If rural give location)  (e) If foreign born, how long in U. S. A.?
(a) FULL NAME Anna Sisco	X
(b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Wecuber 8 1939, at 15 A M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Single	ed deceased from how. 15 1939 to blec. 8 1939.
(b) Name of husband or wife 6 (c) If alive, give age years	
Birth date of deceased (mo., day, yr.) Jan 20, 1889/8/6.  AGE: Years Months Days If less than one day  19 50 10 18 hr. min.	
Birthplace Md. (Town, county, and state)  O. Usual Occupation Housewitz .  1. Industry or business	Due to
12. Name Charles Sisco  13. Birthplace Md.  14. Maiden Name Virginia Grey	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy  Of autopsy  PHYSICIAN  Underline the cause to which death should be charged statistically,
15. Birthplace Md.  6 (a) Informant Records  (b) Address Baltimore City Hoan tale  7 (a) b) Date thereof Mac-/2-/5  (Burial ermation or removal) (dsy) (year	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)
Commercial director V. G. Brooks  Address 1.46.37, Caref St.	(d) Did injury occur about home, on farm, industrial place, in public place?

# 63715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

CITY OF B.	OF DEATH			St. 5 Ward)	Registered No
2. FULL N	AME HENF	RY LOUI	S MULLER	C4 Wawl	If U. S. Veteran apecify WAR
	idence: No	nat blace or and	ode)	MEDICAL CERTIF	1CATE OF DEATH
a. sex Male	4. Color or Race White	I c Cincle V	Married, Widowed.	21. DATE OF DEATH (month, day,	That I attended deceased from
5a. If married, BUSBAND (or) WIFE				I last saw here allve on NEC	to TIC 1039 Death in said
	Years Months	Nov.1.	1835	The principal cause of death and relating importance were as follows:	
s. Industry work w raw mil 10. Date dece this occ year)	rofession, or particular work done, as apinner, bookkeeper, etc or business in which man done, as ailk mill, lil, bank, etc ensed inst worked at cupation (month and acceptation)	800	red ( time (years) ent in this superior 50yra	Other contributes features of important lungs profession performed?	Dote of
14. BIRTHI	Christian M  PLACE (city or town)  e or country)  EN NAME EVA M			23. If death was due to external	causes (violence) fill in also the fol-
16. BIRTH (State 17. INFORMA) (Address 16. BURIAL)	eorge J. Kul 3414 Alto	Germany ler (Br	Dec. II. 39	Where did injury occur? (Sp. Specify whether injury occurred place  Manner of injury	pecify city or town, county, and State) in industry, in home, or in public
Pince HENRY S 19. UNDERTA (Address 10. TLES 3	ANDER & SON	S. INC.	Agrican. Regioner.	(Signed) Specify	way related to occupation of deceased?  M. D.

# BALTIMORE CITY HEALTH DEPARTMENT F 63716 No.





63716 CERTI	FICATE OF DEATH 23
	2. USUAL RESIDENCE OF DECEASED:
LACE OF DEATH:	Na v. c
Baltimore City, Maryland	a) State
Street address 4940 Eastern Avenue	(c) City or town Belto.
Hospital or institution:	of feat sports or town mans.
Belto. City Hospitals	3 de (Ifrical give location)
Length of stay in hospital or inst. (yrs., mos., or days	) o ua.
Length of stay in Baltimore (yrs., mos., or days)	23 VIS. (e) If foreign born, how long in U. S. A.?
a) FULL NAME EThel Jenkins	(50735)  MEDICAL CERTIFICATION
b) If veteran, name war 3 (c) Social Securit	
No.	20. DATE OF DEATH December 7, 1939 . at 5:30
Sex 5. Color or race 6 (a) Single, married, w	21. I certify that death occurred on the date above stated; that latter ed deceased from Dec. 4, 19.39, to Dec. 7, 19.39
emple Colored divorced arried	ed deceased from Dec 7 19 39
Name of husband or wife Alfred	and that I last saw h er alive on Dec. 7, 19 39.
O C II alive, give age	years Immediate cause of death
Birth date of deceased mo., day, yr. Jan. 2, 1	.916 /4 recented , of the
AGE: Years Months Days If less than	Unit day
23 10 \ 5 hr.	min. Due to
- 10d -	Due to
Birthplace (Town, county, and state)	Other Conditions
0. Usual Occupation H. n.	Other Conditions
1. Industry or business	PHYSIC
12 Name William Barnes	(Include pregnancy within 3 months of death)  Major findings:
13 Birthplace M	Of operations death ho
11	harged
14 Maiden Name	Of autopsy Au
15. Birthplace	22. If death was due to external causes, fill in the following:
6 a Informant Respital Records	(a) Accident, suicide, or homicide
(b) Address	Date of occurrence
7 a b Date thereof	Where did injury occur? (County) (St
ili rial, cremation, or removali	(d) Did injury occur about home, on farm, industrial place, in p
C Cemetery or crematory	place? (Specify type of place) While at work?
Location Man Mot. Oc	(Specify type of place)
18 (a) Funeral director Me Matre (	William le) Means of injury Galen
(b) Address 322 r Schwise	23. Signature M.
1030 (8)	Address Balto. City Hospitals Date signed 12-

# HEALTH DEPARTMENT—CITY OF BALTIMORE 3717

1. PLACE OF DEATH  ITY OF BALTIMORE: (No. 1327 MOS LEU St., Ward)  ength of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. Celer or Race  or Divorced (write the word)  a. If married, widowed, or divorced in USBAND of (or) WIFE	CERTIFICATI	e, Or DEATH
### PERSONAL AND STATISTICAL PARTICULARS  SEX  (a. Residence: No. 13    Figure   Personal   Control   Cont	1. PLACE OF DEATH 1377 WOSh	Ward) a hospital or institution, give its NAME instead
(a) Residence: No. 13 (Nam) place of abode  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. Color or Race  5. Single, Narried, Widoved, or divorced HISBAND of Color  (IT non-resident sive city or town and State)  1. DATE OF DEATH	CITY OF BALTIMORE: (No. 1 )	of street and number.)
(a) Residence: No. 13 (1) and place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  Color or Bace  SEX  SEX  SEX  SEX  SEX  SEX  SEX  SE	PV. A OTA	Traut
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. Color or Race or Divorced (write the word) Or Divorced (write the word) Or WiFE of Or WiFE of Or WiFE of Or WiFE of  DATE OF BERTH (month, day, year)  DATE OF BERTH	2. 1 ( 1)1)	
SEX SEX 4. Calor or Race Divorced (write the word)  A. Calor or Race Divorced (write the word)  a. If married, wildowed, or divorced  HISBAND of Corr Wife of  DATE OF BIRTH (month, day, year)  HISBS than I day, here or large the same of the same hard allow on the date stated above, at 0; 4 m.  The principal cause of death and related causen of importance was an follows:  S. Trade, profession, or particular sawyer, bookkeeper, which work was done, as splinner, sawyer, bookkeeper, which were distingtion of the contributory causes of importance:  12. DATE OF DEATH (month, day, year)  12. BIRTHPLACE (with or town)  Base of death and related causen of importance was a planner, sawyer, bookkeeper, which was due to contributory causes of importance:  Specify whether injury occurred in industry, in home, or in public place.  Manner of operation  Where did injury occurred in industry, in home, or in public place.  Manner of injury  15. MAIDEN NAME  16. BIRTHPLACE (with or town)  17. MAIDEN NAME  18. Drate of contributory was a splinner.  18. Drate of operation of the date stated above, at 0; 19, 19, 11, 11, 11, 11, 11, 11, 11, 11,	D : I man to to	(If non-resident give city or town and state)
S. Single, Married, Widowed, or Observed or Divorced (write the word)  a. If married, widowed, or divorced in Divorced (write the word)  BLSBAND of Cord Wiff of Cord Wiff of Widowed, or divorced write the word of the State of Control Wiff of Cord Wiff of Wiff of Cord Wiff of Co	DEDSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a. If married, widowed, or divorced INLSBAND of too WIFE of the state	SEX 4. Celor or Ruce 5. Single, Married, Widowed, or Divorced (write the word)	21 DATE OF DEATH (month, day, year)
Il sat saw how alive on the control of the control		1039 to Dec 9 1039
DATE OF BIRTH (month, day, year)  AGE  Years  Month  Days  If LESS than I day, hrs. or min.  8. Trade profession, or particular kind of work dome, as spinner, assyer, bookkeeper, step with work was done, as spinner, assyer, bookkeeper, step with work was done, as spinner, assyer, bookkeeper, step with some of the contributory or business as wilk mill.  19. Date deeper and of the principal cause of aceta and related causes of importance was as follows:  19. Date deeper and of the principal cause of seath and related causes of importance importance was as follows:  19. Industry or business with mill.  19. Date deeper and follows:  10. Date deeper and follows:  10. Date deeper and follows:  11. Total time (years) assent in this occupation  What tent conkrimed diagnosis was there an autopy?  12. INTERPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  What tent conkrimed diagnosis was there an autopy?  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR SEMOVAL  Place  Manner of injury  Nature of injury  19. Where did injury occurred in industry, in home, or in public  place  Manner of injury  18. Was disease or injury in any way related to occupation of deceased.  19. UNDERTAKER  M. Address  19. UNDERTAKER  M. Address  Other contributory causes of importance:  Other contributory causes of importance:  What tent conkrimed diagnosis was there an autopy?  What tent conkrimed diagnosis was there an autopy?  What tent conkrimed diagnosis was there are autopy?  Where did injury occurred in industry, in home, or in public  Nature of injury  Nature of injury  18. Was disease or injury in any way related to occupation of deceased.  19. UNDERTAKER  (Address)  22. Manual Manua		I last saw he alive on We & 193 Death is said
8. Trade profession, or particular hind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which was due, as spinner, sawyer, bookkeeper, etc.  10. Date deceased last worked at this occupation (possible and year)  11. Total time (years)  12. BIRTHPLACE (city or town)  13. NAME Guess Worked at (State or country)  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Worked at (State or country)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR SEMOVAL  Place Worked and State of Country  18. BURIAL, CREMATION, OR SEMOVAL  Place Worked and State of Country  19. UNDERTAKER WAY Adapted Worked and State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.	1	to have occurred on the date stated above, at Of To m.
8. Trade profession, or particular hind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which was due, as spinner, sawyer, bookkeeper, etc.  10. Date deceased last worked at this occupation (possible and year)  11. Total time (years)  12. BIRTHPLACE (city or town)  13. NAME Guess Worked at (State or country)  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Worked at (State or country)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR SEMOVAL  Place Worked and State of Country  18. BURIAL, CREMATION, OR SEMOVAL  Place Worked and State of Country  19. UNDERTAKER WAY Adapted Worked and State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.  19. UNDERTAKER WAY Adapted Worked State of Country in any way related to occupation of deceased.	6. DATE OF BIRTH   month, day, year)	
8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeper, etc.  9. Industry or business in which work was done, as sik mill.  10. Date deceased last worked at this occupation worth and years)  11. Total time (years)  12. HIRTHFLACE (city or town)  13. NAME was done, as sik mill.  14. BIRTHFLACE (city or town)  15. MAIDEN NAME was done or country)  16. BIRTHFLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place W. Authors and State of Injury  19. UNDERTAKER My Adaph Walliam  19. UNDERTAKER My Adaph Walliam  19. UNDERTAKER My Adaph Walliam  (Signed)  19. UNDERTAKER My Adaph Walliam  (Signed)  10. Contributory causes of importance:  10. Other contributory causes of importance:  11. Total time (years)  12. HIRTHFLACE (city or town)  13. NAME  Was there an autopsy?  What test confirmed diagnosis  Was there an autopsy?  What test confirmed diagnosis  Was there an autopsy?  What test confirmed diagnosis  Was there an autopsy?  Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public in page of injury  14. Was disease or injury in any way related to occupation of deceased.  15. UNDERTAKER My Adaph Walliam  (Signed)  16. Signed)  17. Other contributory causes of importance:  18. Other contributory causes of importance:  19. UNDERTAKER  10. Signed)  10. Automatical contributory causes of importance:  11. Total time (years)  12. Infall time (years)  13. Other contributory causes of importance:  14. BIRTHFLACE (city or town)  15. MAIDEN NAME  16. BIRTHFLACE (city or town)  17. INFORMANT  (Signed)  18. Was disease or injury in any way related to occupation of deceased.	7, AGE Years Months 1 day, hrs.	( ulue on to
Sind of work done, as appined, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, work was done, as silk mill, work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation in with and years occupation is geth and years occupation is geth and years occupation.  12. BIRTHPLACE (city or town)  13. NAME was done to external causes of importance:  14. BIRTHPLACE (city or town)  15. MAIDEN NAME was done to external causes (violence) fill in also the following:  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manuer of Injury  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  M. Address  19. UNDERTAKER  M. Address  10. Date of milling occur.  (Specify elty or town, county, and State)  Place  Manuer of Injury  19. UNDERTAKER  M. Address  19. UNDERTAKER  M. Address  10. Date of injury  Nature of Injury  (Signed)  M. D. Signed  M	or min.	Duterculosis
12. BIRTHPLACE (city or town) Bullium  13. NAME Gunes Wurding  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Vula  15. MAIDEN NAME Vula  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn Fate  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn Fate  19. UNDERTAKER  19. UNDERTAKER  10. Supecify  11. Was disease or injury in any way related to occupation of deceased.  11. Was disease or injury in any way related to occupation of deceased.  11. UNDERTAKER  12. Was disease or injury in any way related to occupation of deceased.  19. UNDERTAKER  10. Signed)  11. Supecify  12. Was disease or injury in any way related to occupation of deceased.  11. UNDERTAKER  12. Was disease or injury in any way related to occupation of deceased.  13. NAME Gunes of the continued diagnosis.  14. Was disease or injury in any way related to occupation of deceased.  15. Was disease or injury in any way related to occupation.  16. Signed)  17. Was disease or injury in any way related to occupation.  18. Signed)	8. Trade profession, or particular kind of work done, as spinner.	5 mo-
12. BIRTHPLACE (city or town) Bullium  13. NAME Gunes Wurding  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Vula  15. MAIDEN NAME Vula  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn Fate  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn Fate  19. UNDERTAKER  19. UNDERTAKER  10. Supecify  11. Was disease or injury in any way related to occupation of deceased.  11. Was disease or injury in any way related to occupation of deceased.  11. UNDERTAKER  12. Was disease or injury in any way related to occupation of deceased.  19. UNDERTAKER  10. Signed)  11. Supecify  12. Was disease or injury in any way related to occupation of deceased.  11. UNDERTAKER  12. Was disease or injury in any way related to occupation of deceased.  13. NAME Gunes of the continued diagnosis.  14. Was disease or injury in any way related to occupation of deceased.  15. Was disease or injury in any way related to occupation.  16. Signed)  17. Was disease or injury in any way related to occupation.  18. Signed)	9. Industry or business in which	
12. BIRTHPLACE (city or town) Bullium  13. NAME Gunes Wurding  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Vula  15. MAIDEN NAME Vula  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn Fate  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn Fate  19. UNDERTAKER  19. UNDERTAKER  10. Supecify  11. Was disease or injury in any way related to occupation of deceased.  11. Was disease or injury in any way related to occupation of deceased.  11. UNDERTAKER  12. Was disease or injury in any way related to occupation of deceased.  19. UNDERTAKER  10. Signed)  11. Supecify  12. Was disease or injury in any way related to occupation of deceased.  11. UNDERTAKER  12. Was disease or injury in any way related to occupation of deceased.  13. NAME Gunes of the continued diagnosis.  14. Was disease or injury in any way related to occupation of deceased.  15. Was disease or injury in any way related to occupation.  16. Signed)  17. Was disease or injury in any way related to occupation.  18. Signed)	work was done, as silk mill,	
BIRTHPLACE (city or town) Bultium in the interest of country)  13. NAME Junes Wardian  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Was there an autopsy?  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR SEMOVAL  Place Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. CACHEERS AND Address of injury  19. CACHEERS AND Address of injury  19. CACHEERS AND Address of injury in any way related to occupation of deceased.  19. UNDERTAKER  19. UNDERTAKER  19. CACHEERS AND Address of injury in any way related to occupation of deceased.  19. CACHEERS AND Address of injury in any way related to occupation of deceased.  19. CACHEERS AND Address of injury in any way related to occupation of deceased.  19. CACHEERS AND Address of injury in any way related to occupation of deceased.  19. CACHEERS AND Address of injury in any way related to occupation of deceased.  19. CACHEERS AND Address of injury in any way related to occupation. If so, specify (Signed)	2 10. Date deceased last worked at this occupation wanth and 39 spent in this occupation years	Other contributory causes of importance:
Name of operation  Name of opera	12 BIRTHPLACE (city or town) Bultimere	
13. NAME  14. BIRTHFLACE (city or town)  15. MAIDEN NAME Word  16. BIRTHFLACE (city or town)  16. BIRTHFLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR SEMOVAL  Place  18. BURIAL, CREMATION, OR SEMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. UNDERTAKER  (Signed)  Name of operation  What test confirmed diagnosis Was there an autopsy? Wo.  What test confirmed diagnosis Was there an autopsy? Wo.  What test confirmed diagnosis Was there an autopsy? Wo.  What test confirmed diagnosis Was there an autopsy? Wo.  What test confirmed diagnosis Was there an autopsy? Wo.  What test confirmed diagnosis Was there an autopsy? Wo.  What test confirmed diagnosis Was there an autopsy? Wo.  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homiclde?  (Specify city or town, county, and State)  Specify whether injury occurr?  (Specify city or town, county, and State)  Specify whether injury occurr?  Nature of injury  24. Was disease or injury in any way related to occupation of deceased.  (Signed)  (Signed)  (Signed)	1 0 Whiling lin	Date of
16. BIRTHPLACE (city or town)  15. MAIDEN NAME VCCa  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address) (3 > )  18. BURIAL, CREMATION, OR EEMOVAL  Place WC. Authoritished W.		Name of operation
15. MAIDEN NAME World  16. BIRTHPLACE (sty or town town county, and State)  17. INFORMANT  (Address) 13 -> 0 & We  Place World Address)  18. BURIAL, CREMATION, OR SEMOVAL  Place World Address  19. UNDERTAKER  (Address) 22 - A Sulvivious At (Signed)  (Signed)  Date of Injury  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public  Manner of Injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased.  (Signed)  (Signed)  (Signed)  (Signed)		What test confirmed diagnosis was due to external causes (violence) fill in also the fol-
Where did injury occur. (Specify city or town, county, and State)  17. INFORMANT  (Address) 13 ->	- N	lowing: Accident, suicide, or homicide? Date of injury , 19
17. INFORMANT  (Address) (3 x) u o & wer   Manner of Injury  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Awhern rate May 1/3 Nature of Injury  19. UNDERTAKER Mr. Matter R. William 24. Was disease or injury in any way related to occupation of deceased.  19. UNDERTAKER Mr. Matter R. William (Signed) U If so, specify  (Signed) U Sea W. C. W. D. C. W. C. W. C. W. C. W. D. C. W. C. W. C. W. D. C. W	16. BIRTHPLACE (city or town where and	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
Manner of Injury  18. BURIAL, CREMATION, OR SEMOVAL  Place W. Authorn wate M/V 1/83 Nature of Injury  19. UNDERTAKER Mrs Matter R. Williams  (Address) 222 N Sulviced C. (Signed) Signed		
19. UNDERTAKER My Maty R. Williams 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER My Maty R. Williams 24. Was disease or injury in any way related to occupation of deceased?  (Signed) 22.2 A Schrischer M. D. (Signed) 24. Was disease or injury in any way related to occupation of deceased?  (Signed) 24. Was disease or injury in any way related to occupation of deceased?	(Address) (3 V) wo o o wee	Manner of Injury
19. UNDERTAKER My Maty R. Williams 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER My Maty R. Williams 24. Was disease or injury in any way related to occupation of deceased?  (Signed) 22.2 A Schrischer M. D. (Signed) 24. Was disease or injury in any way related to occupation of deceased?  (Signed) 24. Was disease or injury in any way related to occupation of deceased?	18, BURIAL, CREMATION, OR BEMOVAL	Nature of Injury
(Signed) 222 N Schricker At (Signed) O wind Dy willen M. D	That Carlow March 1 1 19	24. Was disease or injury in any way related to occupation of deceased
I was the	77 - // /// // // //	Dund Transler, M. I
		IN W Lee H

3718

VS 3

# CERTIFICATE OF DEATH

# Refintered 3718

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland  Pull ton Avenue	(a) State Md. (b) County	-
1021 N. Fulcon Ave.	Baltimore.	
Street address	(c) City or town	, and give town)
Hospital or institution:	1021 N. Fulton Ave.	
1	Street No (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	(e) it foreign both, now	
a) FULL NAME. Ida May Morningstar		
La la la la Accont	MEDICAL CERTIFICATION	
(b) If veteran, name war	DATE OF DEATH	
6 (a) Single married, widowed,	or I a lash accurred on the date above atate	d; that lattend-
divorced. Widow	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 9
Edward A.	and that I hat saw h alive on 1	·
(b) Name of husband or wife 6 (c) If alive, give age yea	Immediate couse of death	Duration
0.000	Caremona	
Birth date of deceased mo., day, yr. July 2/1 /8 9		
ALL: 1 CHIR INCOME.	in. Due to	
46 4 16. Md.		
	Due to	
0. Usual Occupation Home (Town county, and state)		
11. Industry or business	Other Conditions	PHYSICIAN
Semuel Murphey	(Include pregnancy within 3 months of death)	Underline the
12. Name	Of operation Creation Correct to Colon.	cause to which
13. Birthplace	To mela lesi to Colon -	death should be
Minnie Jones		tleally.
5 11d.	Of autopsy	following:
Arthur C. Morningstal	(a) Accident, suicide, or homicide	
16 (a) Informant 1105 N. Fulton Ave. (b) Address	(a) Accident, suicide, of the control of the contro	
Purial Landerson 16/11/00	William did injury occur?	ounty) (State)
[]/ (d) (month) (day) ()	(c) Where did injury occur about home, on farm, industri	
C	White at w	rork?
Location Fred. Ave. Balto. Md.	place? (Specify type of place)	
XX.10 Multifully down	Means of injury	and .
18 (a Funeral director 1900 Eutaw Place	25. Signature James T A war	1 . 7.4
11 1930 House	Address 3320 McElderry St. Date	aigned of
19 (a) Registra	ar II Address	

### BALTIMORE CITY HEALTH DEPARTMENT

92-WF 63719
Registered No.

CERTIF	FICATE OF DEATH
	2. USUAL RESIDENCE OF DECEASED:
LACE OF DEATH:	lid • (b) County
Baltimore City, Maryland 132 W. Lafayette Ave	(a) State Baltimore
Street address	(c) City or town
Hospital or institution:	132 W. Lafayette Ave
	Street No (If rural give location)
Length of stay in hospital or inst. (yrs., mos., or days)	100
Length of stay in nospital of the length of stay in nospital stay in 15	yrs. (e) If foreign born, how long in U. S. A.?
Length of stay in Baltimore (yrs., mos., or days)	
) FULL NAME Lillis M Jarvis	TON
12 () Serial Security	Account MEDICAL CERTIFICATION
h) It veteran, name	THE OF DEATH
No.    Single, married, with the state of th	to the state of th
761	1 1 19 1 10
iomale White divorced. Wildows	and that I last saw Per alive on Dec 6 1939.
	vents landinte cause of data Clus qui en Duration
b) Name of husband or wife 6 (c) If alive, give age	The sale diagram
Dec. 184	o valvaras Russian
Birth date of deceased (mo., day, yr.)  Months Days If less than or	one day mitral Duringierry
AGE: Teate Months	min. Due to
90	
Birthplace Retifer, county, and state)	Other Conditions Or Texiosal anist
hetired.	( Taxinga Amara)
	l puvucia
I. Industry or business	Swaper within 3 months of death)
12. Name	Major findings: Underline cause to wh
13 Birthplace	Of operations death should
?????	charged stm
14. Maiden Name	Of autopsy tieally.
15. Birthplace	22. If death was due to external causes, fill in the following:
15. Birthplace Lloyd Eutson	(a) Accident, suicide, or homicide
6 a Informant 1003 Far' Ave	(b) Date of occurrence
b) Address 12-	Where did injury occur?
7 a) (month)	( industrial place, in pu
	(d) Did injury occur about nome, on the work?
Cemetery or crematory Frederick Rd. Balto, &	d. place? (Specify type of place)
Location John O. Witchell	Sons ins.
A (a) Funeral director	
(b) Address Faltimore, Id.	23. Signature 23. Date signed 2-11
DEC 11 1020 Thurtungto	Address 1125 Linden Ave. Date signed Z
(Date red d by registrary	1102

PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED :
a) Baltimora City, Maryland	(a) State Md. (b) County
b) Street address	
c) Hospital or institution:	(c) City or town Ballomore  11 outside city or town limits, write RURAL and give town)
Merry Hospital	troutside city or town limits, write RURAL and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days	dispert No. 1117 Jorden Sk
e) Length of stay in Baltimore (yra., mos., or days)	(e) If foreign born, how long in U. S. A.?
(a) FULL NAME JOAN HUNT	
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	A CONTRACTOR OF THE PROPERTY O
. Sex 5. Color or race 6 (a) Single, married, widowed, or	
M C divorced. Widowed	21. I certify that death occurred on the date above stated; that lattend-
	ed deceased from 11/27/0919 . to 18/4/0919 .
(b) Name of husband or wife	and that I last saw h Malive on 12/1/0719
6 (c) If alive, give age years	Immediate cause of death Duration
Birth date of deceased (mo., day, yr.) 3/16/18-5/	Caronomo of olymonia?
. AGE: Years Months Days If less than one day	8
5-2 5 22 hr. min.	Due to
Birthplace Ballomore So	The same of the sa
(Town, county, and state)	Due to
1. Industry or business Minchy player	Other Conditions
12. Name James Hunt	
13. Birthplace Va	(Include pregnancy within 3 months of death)  Major findings:
	Of nperations Ca Legense I Underline the cause to which
14 Maiden Name Cliz Washington	cause to which death should be
15. Birthplace Va.	Of autonov
6 a Informant Quias I	22. If death was due to external causes, fill in the following:
(h) Address	(a) Accident, suicide, or homicide
4 1	(b) Date of occurrence.
7 (a) Dura (b) Date thereof 12-12-39 (mypth) (day) (year)	(c) Where did injury occur?
Cemetery or crematory Mt. Querry	(City or town) (County) (State)
3 - 11:	(d) Did injury occur about home, on farm, industrial place, in public
	place? . (Specify type of place) . While at work?
8 (a) Funeral directory Sparrers (1. Humbly	
(b) Addrew 578 M. Widdle At. 4	(e) Means of injury
DEC 17 1950 but is + Williams A	33 Signature M. D.
U Date rec'd by registrari Tutugen Paulatrar	Address Merny Horp. Date signed 2/8/30
VR 2	A H

Registered No.

)/~1	CERTIFICATE	of DEATH 34-9. 82-a	
LACE OF DEATH: Baltimore City, Maryla 4940 Street address	astern Avenue	2. USUAL RESIDENCE OF DECLASED:  Maryland  (a) State  (b) County  Baltimore  (c) City or town  (If outside city or town limits, write RUS	Al and give town)
Hospital or institution: <u>Beltimore</u> C.  Length of stay in hospi	tal or inst. (yrs., mos., or days) & day	(c) City or town (If outside city or town limits, write RUs 411 Myrtle Avenue (If rural give location (c) If foreign born, how long in U.S.A.)	
			X
A FULL NAME JOS	Wilson  3 (e) Social Security Account  No. 212 - 12-6509	20. DATE OF DEATH CECEMOCE 1 19.	19 . at 11 PM
Sex 5. Color or Colored	race 6 (a) Single married, widowed, or divorced. Separated	ed deceased from Mac. 7 19 57 , to	
b) Name of husband o	D (C) Il Bilac' Kine ale	lomediate couse of death	Duration 2 days
Birth date of deceased  AGE: 3 ears Month	(mo., day, yr.) 11, ?, 1899  18 Days   Hees than one day  hr. min	Gerebral hemorrhage	
Birthplace Maryl  O. Usual Occupation	Handy-man Mr. Green, 14 W. Camden S	Due to	over
	enry Virginia	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the cause to which death should be
14. Maiden Alline	Mary Crew	Of autopsy not dine	charged statis
15. Birthplace 16 (a) Informant Re (b) Address B 17 (a) BUWA (iturial, cremation,	altimore City Hospitals (b) Date thereof / 2-13-3 (month) (day) (yet		(County) (State)
Location 192 18 (a) Funeral director (b) Address 57	Mendenner May Mens	place? (Specify type of place)  (e) Means of injury  23. Signature  Address 100 Company Actor  Address 100 Company Actor  D	lin M. D.  ate signed /2-/0-1

13799

150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



F. G. 31722

PLACE OF DEATH: Balumere City, Maryland	2. USUAL RESIDENCE OF DECEASED:	ne
120 Peach ST	2 1	100
Direct address	(c) City or town Ballions (If outside city or town limits, write RURA)	L and give town)
Hospital or institution:	3 0 0 0 1 18	30,000
	Street No. 920 Peach ST	-
Length of may in hospital or inst. (yrs., mos., or days)	(If rural give nominon)	100
I Length of the Minorphia of the Length of t	e) If foreign born, how long in U. S. A.?	years
Length of say in Baltimore yrs., mos., or days 22	1 1/2 2 2 2	)/
	MITH	-
(b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 64 19 39	. at 9. 4 M
See 5 Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the re-	mains described
divarced.	above, held an Carty thereon and fro	m the evidence
M (.l. Widnut	(Autobity of the	
	obtained by said and find that said	deceased came
Name of husband or wife	(Autopay or inquis)	
6 c If alive, give age years	to death on the day stated above	
7. Birth date of deceased (mo., day, yr	11.4	Duration
	Immediate cause of death	2 4
AGE: TEN S MONTH TO THE STATE OF THE STATE O	Pulmonary tuberenlosi	
36 hr min	0	
Ca to Clark . New o	Due to	-
9 Birthplace (Town, county, and state)	1,46.10	
A - 0 - D		
10. Usual Occupation	Due to	
11 Industry or bus ness		
# 12 Name Charlie Smith	Other Conditions	
# 12. Name		PHYSICIAN
13. Birthplace Castin Snab.	iInclude pregnancy within 3 months of death	
	Major findings:	Underline the
14 Maisen Name Nachel	Of operations	cause to which
15. Brippice Casting Suck.		death should be
a 15, prinpince	Of sections	tically
16 (a) Informant Mary Leadile 5	Of autopsy	
1 Address 9 20 Peace Street	22. If death was due to external causes, fill in the	Toriowing
h Address 9 30 Place Sheet	a Accident, suicide, or homicide	
b Date thereof [ 1 1 ]	A Date of occurrence	
17 (1) (month) (day) tyear	W to an about minery concur)	
avalina.		nnty) (State
Cemetery or crematory	(d) Did injury occur about home, on farm, industri-	al place, in public
Location Y P	While at w	ork?
The vi Huge	(Specify type of place)	
18 in Funeral director	(e) Means of injury	C
Maddices , D. M. M. Marrier D. J.	23. Signature H LW allanus	me -M.D
UFC 11 again the to Jan 10 kmg	Date signed Dec 64 193's Medical Exami	net
19 a Registrar	Date signed	
Dan All de la Colonia		

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No ..... (If death occurred in CITY OF BALTIMORE: (No.) 14 a hospital or institution give its NAME instead of street and number.) ds. How long in U. S. If of foreign birth? \_\_\_\_yrs...\_mos.\_\_\_ds. If U. S. Veteran .....Ward. (a) Res dence: No. (If non-resident give city or town and State) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed. r Diverced (write the word) 21. DATE OF DEATH (month, day, year) arried That I attended to If married widowed HUSBAND of (or) WIFE-M to have occurred on the date stated above, at & A 6. DATE OF HIRTH (month day, year) un 21-188P The principal cause of death and related causes of If LESS than Months Days 7 AGE Date of engel I day, hra. Myocarde lis or min. 8 Trade pr fess on, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as alk mill, cardiac deale saw mill, bank, etc. 11. Total time (years) 10. Date de sensed last worked at spent in this the counting (month and STREET I Was an operation performed? 12. BIRTHPLACE (city of town) Date of .... (State or country) For what disease or injury? Name of operation what to confirm the transfer of the confirment o Date of Mo pulling there an autopay? 14. BIRTHPLACE (city or town). (State or country) 23. If death was due to external causes (violence) fill in also the following: IL MAIDEN NAME POSCOPPING Accident, suicide, or homicide? Date of injury Where did Injury occur? 16 BIRTHPLACE (city or tow (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public (State or country) place Manner of Injury 18. HURIAL CREMATION, OR REMOVAL Nuc 13 ,37 Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? no

# CERTIFICATE OF DEATH



	CERTIFICATE	OF DEATH	
		2. USUAL RESIDENCE OF DECEASED:	,
LACE OF DEATH: Baltimore City, Maryland	+a Street	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County Baltin	.~
Street and css Payet Hospital or institution; Sun Secons	Hamtel	City or town Baltine  (c) City or town Baltine  If outside city or town limits, write Rt RAL  (d) Furestion. 221 West Manuset M  (d) rural rive location)	sind store town 1
I made of at win hospital or inst	yrs., mos, or days	If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore lyrs.	mos., or days		
THE RESERVE TO STATE OF THE PARTY OF THE PAR	oinette Lang	MEDICAL CERTIFICATION	10111
b lf veteran, name wat	No.	20. DATE OF DEATH 12-9-39 14  21. I certify that death occurred on the date above state	420 comme
Sex 5. Color or race 6 div	Single, married, widowed, or vorced. Single	ed deceased from 11-26-39 = . to/2-9- and that I last saw her alive on 12-9-39 to	
b Name of husband or wife	le li alive, give age years	Immediate cause of death Careina of Atterns	Duration
01	7 hr min.	Due to	
Birthplace Baltimore, 11 10 Usual Occupation Boardi 11 Industry or business Self	ns lious operator o	Other Conditions	PHYSICIAN
12. Name Robert E. I	e, Md.	Major findings: Of operations Carman J Alterns.	Indrin the ause to whice that had be determined to the second sec
14 Moden Name F	More, Md.	Of autopsy  22. If death was due to external causes, fill in the	following:
Mw Konth	x. Kentucky	(a) Accident, suicide, or homicide (b) Date of occurrence	
17 (a Turinl committee, or remova	b Date thereof 12/12/39	(c) Where did injury occur? (City or town) (City or	founty States fial place, in pub work?
Location Balling		place? (Specify type of place)	
18 a Funeral director	ennsylvania Avenues	23. Signature Secruse Hapital Date	signed 129°
19 (a) the record by registrar)	dear free free live strag	Address	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



-				
1. PLACE OF			2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		1 0	(a) State Md , b) County	Toy
		good - Greene sts.	(c) Cip or town Reisterstown,	Rural
11	or institution:	Hospital	(If outside city or town limits, write RUF	RAL and give town
5	miretsing	125pinst	(d) Street No. Rosewood Training Sch	1001
d) Length o	of stay in hospital c	or inst. (yrs., mos., or days)	olf rural give location	n)
(c) Length of	f stay in Baltimore	(yre., moe., or days) 17 Day	(e) If foreign born, how long in U. S. A.?	. years
	tye May	Hewitt		
b) If veter	en, name war	3 (e) Social Security Accoun		
	1.01	No.	20. DATE OF DEATH Dec. 8 19.3	7. at 8 PM
I. Sex Female	5. Color or race White	6 (a) Single, married, widowed, of divorced. Widow	21. I certify that death occurred on the date above sta	ated; that lattend-
	1		ed deceased from 11/26 19.39, to 12	18 1939.
(b) Name	of husband or wife	6 (c) If alive, give age year	and that I last saw her alive on 12/8	19 3 7
Right date	of deceased (mo	day, yr.) May 20, 1891	Immediate cause of death	Duration
	1 1	Days If less than one day	Chronic glomerular Nephrit	
	48 56	18 hr. mir		
Birthplace	Lancaster			and the second
		(Town, county, and state)	Due to	
	cupation			-
		wood Training School	Other Conditions Diabetes Mellitus	-
	comes M. M		(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthp	olace Lancas	ter Co., Va.	Major findings: Of operations	Underline the
14. Maide	n Name Euge	nia Moss Elmore	Of operations	death should be
15. Birthp	dace Richmo	nd Co., Wa.	Of autopsy	charged statin- tically.
6 (a) Inform	nant 11.	ank Blake	22. If death was due to external causes, fill in the f	followings
(b) Addr	- 709 N.	Fulton Avenue	(a) Accident, suicide, or homicide	
17 (a) Pu	rial	(b) Date thereof 12/11/39	(b) Date of occurrence	
	cremation, or remov	al) (month) (day) (year		unty) (State)
(c) Ceme	tery of THINKING	Noodlawn	(d) Did injury occur about home, on farm, industria	I place, in public
Locati	ion #9944	awn, laryland	place? While at wo	ork?
18 a) Funer	al director	J. liemer L Sons, In	(e) Means of injury	
(b) Addre	en North	in aylugge Avenues	23. Signature Duny Haas	
249 IX	DIA TO	Registrar	Address University 21 mg. Date si	gned 12/8/39
FP1.153	333	7 Landington	, todates.	1-1-1

#### Henderson Manuel

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



. PLACE OF DEATH: a) Boltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
	(a) State. A. (b) County	
b) Street address The worth T Trum L	Bot I	/
	(c) City or town Settleman Teller outside city or town limits, write RUR.	Al and give town
numeranty Haspital	Deer No. 3014 Lynne Galle &	
d) Length of stay in hospital or inst. (yrs., mos., or days) 23days	(If rural give location	king.
e) Length of stay in Baltimore (yrs., mos., or days)	t gais	
	If foreign born, how long in U. S. A.?	yeare
(a) FULL NAME Braderias, Manuel	Henderson Hanuel	
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. Norte	20. DATE OF DEATH Occambel 9 1939	, at 7:15PM
Sex 5. Color or race 6 (n) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state	
(b) Name of husband or wife Horsen Manuel	ed deceased from // /6 19.39, to /2 - and that I last saw h / malive on /6-9	9 37.
6 (c) If alive, give age years	Immediate cause of death	Deration
Birth date of deceased (mo., day, yr.) Oct. 16, 1877	Carein ou atoris of	
AGE: Years Months Days If less than one day	unknown steelegy	Nakaros
62 1 21 hr. min.	Due to	
Birthplace Ta. (Front Royal) (Town, county, and state)	Due to	
O. Usual Occupation Cleater cian P. R. R.	0.4	
1. Industry or business Electrical Pert Railord	Other Conditions	
12. Name Suav Manuel		
	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace	Major findings: Of operations	Underline the
14. Maiden Name Mary Shuthacell	o. operation	cause to which death should be
15. Birthplace	Of autopsy	charged statis- tically.
6 (a) Informant Mrs Florence Manual	22. If death was due to external causes, fill in the fo	ollowing:
(b) Address 30/4 Loverend Felle Bory.	(a) Accident, suicide, or homicide	
7 (a) Duris 1 (b) Date thereof Dec. 12 193	(b) Date of occurrence	
(Burial, cremation, or removel) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cour	nty) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	place, in public
Location And County No.	place? (Specify type of place) While at wor	k?
8 a Funeral director Tickner & Long,	(e) Means of injury All Al	
(b) Address 101th & Fa. 1735	23. Signature Willallierder J	7.
9 (d) the make by required the ton William Brokers 15	Address University Hosp. Date sign	ned 12/9/39.

# BALTIMORE CITY HEALTH DEPARTMENT 210 - GREGISTERED No. 727

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State Mc (b) County	
Street address Hospital or institution: 7 // 1 / 1	(c) City or town (If ourside city or town imples, write RURAI	and give town)
Amount Hospital  Angela	d) Street No. Lo (If rural give location)	
Length of stay in hospital or inst. yis, mos, or days  Length of stay in Baltimore (vrs., mos., or days)	e If foreign born, how long in U. S. A.?	years
( FULL NAME 1) A Fait		X
(h) If veteran, name wat 3 & Social Security Secount	MEDICAL CERTIFICATION  20. DATE OF DEATH Mellesber 9 1937	/2h 1, at M
Sex 5 Color or race 6 a Single, morried, widowed, or divorced	21. IHEREBY CEBJIFY, That I took charge of the rer above, held an (Autopsy of inquery) thereon and fro	mains described
Name of husband or wife 6 a lf alive, give age years	obtained by said (Autopay or Inquiry) to head death on the day stated above.	deceased came
7. Birth date of deceased mo. day, yr Sept 13, 1876	Immediate cause of death	Duration
8 AGE: Years Months Days Vless than one day  2 26 hr min.	Crushing Juyery &	
9. Buthplace Ball mg, man, man, and state)	Due to Sobiela precumoria	
10. Usual Occupation W. P. a	Due to	
# 12 Name Ohilep 6. Fritz	Other Conditions	PHYSICIAN
13. Buthplace / Lunary	(Include or gnan y within 3 months of death) Major findings:	Underline the
15 Burbulace Germany	Of operations	death should be harked stati
16 la Informant Clara Silberzahn	Of autopsy  22. If death was due to external causes fill in the	following:
M Address /2 33 Washing 000	29 (1) Accident, suicide, or homicide	
17 Burial Date thereof Net (day) (year	(c) Where did injury occur? Baltimore (Co	Tremas (State
Location City	Did injury occur about home, on farm, industri	ork?
18 (a) Funeral director M. Mus. John N. Tengel V.	(e) Means of injury Electrican - Truck	bracetore M.E
10 Address Of the to the Williams of	23. Signature / 2 10/39 Medical Exami	iner_
12 9 1 1339 statington Priling to 19	Date signed 7	

# CERTIFICATE OF DEATH



(20)	CERTITION		
		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		a State Mary Land County	
Baltimore City, Maryland	1-101	a State A	
Street address Newrone Pun + H	WE TO THE	City or town Baltimore  City or town Baltimore  RURAL R	ind giv town)
Hospital or institution:		gilf ent ide city or town limits The action	
of deal am thosporter		d Street 10 419 W. Cross	
Sydenham Hopilal	or days 4 days	(If rural give tocasion)	
1 - Marth of stav IR BOSPILLE OF ITTEL	41	edl foreign born, how long in U. S. A.?	years
Length of stay in Baltimore yes, mos., or	days		X
Cua. X	NE WAT	ERS	/
a FULL NAME CHRISTI	NA WITT	MEDICAL CERTIFICATION	
b) If veteran, name war 3 (c) So	cial Security Account		at 5-95 M.
No.		20. DATE OF DEATH Dec, 8 1939.	behat lattend-
Sex 5. Color or race 6 a Single.	married, widowed, or	21. I certify that death occurred on the date above stated	8 1939
. Dex A divorced. (	ingle	16 10 2 1901, 10 000	
tuele Celored 6	- 0	and that I last saw h In alive on Dec. 8 19	
b Name of husband or wife	, give age - years	Immediate cause of death	Duration
O C II allow			Maus
Birth date of deceased ino day, yr	cc.22, 1938	O Brondiopneumonia	Mays
AGE: Years Months Days	less than one day	Due to Precumo to chuo type VI	#
0 11 16	hr min.	@ Pertusis	4 week
	Ind. b		
9. Birthplace Bullings	and state)	Due to	-
	1,0		
10. Usual Occupation 11. Industry or business	V	Other Conditions	PHYSICIAN
II. Industry of bosines	Thits	(Include pregnan y within 3 months of death	***************************************
12. Name Norman Su	10	Major findings:	Underline the
2 13 Birthplace Balline	a mel	Of operations	death should be
La Von	ralers	to be 0 to military	charged state
14 Maiden Name	e md.	Of autopsy Interstill Book up were	
15. Birthplace Ballina	1 vato	22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant (Mother of 4)	elen waters	A seident suicide, or homicide	
16 Address 414 W. Cros		(b) Date of occurrence	
Addies PL1	ereof /2 // 29	(b) Date of the same)	inty) (State)
17 (1 or removal)	(monent) (and	(e) Where did injury occurr (City or town) (Cot) (d) Did injury occur about home, on farm, industria	
mil	who es	(d) Did injury occur about home, on tall, the	ork?
(c) Cemetery of Crematory		place? (Specify type of place)	
Location Jugas	1 Ogrammy 14		- 01
18 (a) Funeral directo	1+	(e) Means of injury	ages .
= 108 W mong	meny / bi	23. Signature	4-9-3
/ Address	1. 1.	Address by a man Anteus Date .	ignea - ·
194a) Sac'd by registrar	t Antequite.	N	
The state of the s	( ) ( ) ( ) ( ) ( )	()	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3 Registered No. 729

	2 HIGHAL DESIDENCE OF DECEASED.
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland	(a) State Md. (b) County
b) Street address 4940 Eastern Ave	(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days) 44. da.	(Estrept No. 3426 Cardenas Ave. (If rural give location)  (e) If foreign born, how long in U. S. A.?
e) Length of etay in Baltimore (yrs., mos., or days)	. /
(a) FULL NAME	(49587)
Felen Piche  3 h 16 veteran name war   3 (c) Social Security Account	MEDICAL CERTIFICATION
3 (b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH December 9. 19 39, at 10:504 M
	as I if it is the angular the date above stated; that lattend-
divorced.	I addressed from Oct. 26, 19 39 to Dec. 3, 19
	and that I last saw her alive on Dec. 9, 1939.
(b) Name of husband or wife Welter	Duration
O C II alive, give age years	Immediate cause of death of the Rungs 1935
7. Birth date of deceased (mo., day, yr.) Jan. 29, 1905	The state of the s
B. AGE: Years Months Days If less than one day	
34 10 10 hr. min.	Due to
9. Birthplace M. (Town, county, and state)	Dugito La Contestines
	Other Conditions
11. Industry or business	DIVSICIAN
12. Name George Freller	(in lude pregram y within 3 menths of death)
	Major findings: Underline th
13 Birthplace	death should be
14. Maiden Name Blizabeth Bittner	Annual state
15. Birthplace 10.	Of autopsy
16 (a) Informant Hospital Records	22. If death was due to external causes, the
(b) Address	(a) Accident, suicide, or homicide
17 a Burial (b) Date thereof Dec. 12-193	3 (b) Date of occurrence
(Burial cremation, or removal) (month) (day) (year)	(City or town) (County) (State)
(c) Cemetery or crematory Italy Redumer Con	(d) Did injury occur about home, on farm, industrial place, in publi
Cemetery of Crematory	place? While at work?
Location 11 Oderste when the	(Specify type of
18 (a) Funeral director Stung Golden	(e) Means of injury
(b) Address 1301 & Lagera.	23. Signature M. D.
19 (a) 2045 - to tay Millians, M	Address alto. Chy Hospital Date signed 12-9-1
(Date reg day revisited ) Registrait	I I I I I I I I I I I I I I I I I I I

63730

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.....F 63730

		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland		(a) State Md. (b) County	
Street address 49 40 Tess Hospital or institution: City I	lospitals	(c) City of town Balto. (If outside city or town limits, write RURA (If outside city or town limits, write RURA (If rural give location)	I and give town)
Length of stay in hospital or in Length of stay in Baltimore (ye	net. yrs., mos, or days / Las	(e) If foreign born, how long in U. S. A.?	years
a) FULL NAME	Warner Smith	(47773) MEDICAL CERTIFICATION	
b) If veteran, name war	3 (c) Social Security Account	DIE OF DEATH December 6. 19 39	o, ac:50 P.M
Sex 5. Color or race 6 Colored 6	(a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above stared deceased from Nov. 29, 1939, to Deceand that I last saw him alive on Dec. 6,	6, 1939.
h Name of husband or wife	6 c If alive, give age years ay, yr. ? ? ? 7-10-189:	Immediate cause of death	Duration 2 cy 1939
	Town, county, and state)	To be un (no, periedidile, un	PHYSICIAN Underline the cause to while death should be
14 Maiden Name Sally	Wilson	Of autopsy  22. If death was due to external causes, fill in the	harged tati
16 a Informant HOSPICE.  h Address  17 a committee, or remove (c) Cernetery or crematory	b)Date thereof 12-11-39  mt always (year)	(a) Accident, suicide, or homicide  (b) Date of occurrence	County) (State)
Location Location (b) Address 5 / 4 M	Callwin Bt.	(e) Means of injury  23. Signature	M. D. signed 1.2-6-

Registrer

#### F 63732

## CERTIFICATE OF DEATH / O



	A DESCRIPTION OF DECEACED
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED: (a) State Mid County Ballinon
(b) Street address	
C Hospital or institution:	(c) City or town (If explide city or town limits, write RURAL and give town)
D.J. I. Isalimon ily rap.	of Sweet No. Canall Roule 288
d Length of stay in hospital or inst. (yrs., mos., or days)	tff rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? year
3 a FULL NAME / Thomas L	Jurall Ir
3 h It veter in name war 3 (c) Social Security Account No.	20. DATE OF DEATH ALLOWARD 1937, at M
4. Sex 5. Color of race 6 (a) Single, married, widowed, or divorced.	above, held an Market thereon and from the evidence
6 (b) Name of husband or wife 6 (c) It alive, give age years	obtained by said "find that said deceased came (Autopsy or Inquiry) to Me death on the day stated above.
7. Birth date of deceased mo. day, yr. Thing . 16, 1936	Duration
8 AGE: Years Months Days If Yes than one day	kypalrophy hard
9. Birthplace Ballo : Mid.	Due to Siphther a
10. Usual Ocupation	Due to
11 Industry or business	
12 Name Un. Thomas Devol	Other Conditions
13 Birthplace Balk Ind.	tInclude pregnancy within 3 months of death) PHYSICIAN
14. Maiden Name Helen Price	Major findings: t nderline th
15. Birthplace Eastern Shore Ind	Of operations cause to which death should be charged statis-
Hus Hon. L. Duroll	Of autopsy tically
7591 Forsell Ont cleated	22. If death was due to external causes, fill in the following
Dec 19/30	(a) Accident, suicide, or homicide
b Date thereof are (local) (year)	(b) Date of occurrence
Oak Lawn Lem	(City or town) (County t (State)
Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Bello Tale & Rule	place? While at work? (Specify type of place)
18 (a) Funeral director manue Gove of Gove	(c) Means of injury, The
(b) Address 1600 W. North and	23/ Signiture Mill and Medical Examiner M.D.
19 DEC 11 1839 17 Am Pellinus	Date signed 2 1139 Medical Examiner

### F 63733

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
1636 Thomas Street	(a) State Md. (b) County
b) Street address  (c) Hospital or institution:	(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
Home	(If outside city of town limits, write RCRAL and give town)
d) Length of stay in hospital or inst. (yra., mos., or days)	Ad Suret No. 1676 Thames Street
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
James Rojek Slan	nley Rojek
3 (b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH Dec, 11Th 19 39, at 12 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Male White diverced. Single	ed deceased from Dec. 7, 1939. to 19.
6 b Name of husband or wife	and that I last saw ham alive on . 1937.
6 c If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) March, 12-1979	Drouched Vinterior
8. AGE: Years Months Days If less than one day hr. min.	abail !
9 Birthplace Baltinore Md (Town, county, and state)	Due to
10. Usual Occupation	Other Conditions
11. Industry or business	PHYSICIAN
12. Name George Rojek	(Include pregnanc) within 3 months of death)
13. Birthplace Baltimore, Md	Major findings:  Of operations  t inderline the
14. Maiden Name Helen Korneluk	death should be charged statis-
15. Birthplace Baltimore, Md.	Of autopsy tically
	22. If death was due to external causes, fill in the following:
16 (a) Informant Mrs. Helen Rojek (b) Address 1636 Thames Street	(a) Accident, suicide, or homicide
19.117 /20	(b) Date of occurrence
17 (a) (Burial, cremation, or removal) (month) (day) (year	r) (c) Where did injury occur? (City or town) (County) (State)
Cemetery or crematory Haly Rozary Cemel	
Location Dallinge Co.	while at work?
A CONTRACTOR OF THE STATE OF TH	(Specify type of place)
18 a Funeral director ding	(e) Means of injury
19 (a) The Williams	23. Signature 23. 9 & cala 4 Date signed 14114
(Date rec'd by registrar)	U.K. W. Wand Suf

63734

#### BALTIMORE CITY HEALTH DEPARTMENT

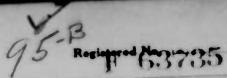
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CERTIFICATE	OF	DEATH	11
CERTIFICALL	UL	DEATH	И
CENTILION			-1
			-

B Registered No. 134

d give town!
yeare
330 A M
that lattend 10 19 39
9 Duration
PHYSICIA
Underline to while death should
charged stat
lowing:
ty) (State place, in pul
M. D.
i la

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



63733	CERTIFICATE		
PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
D. himore City Maryland		(a) State Md. (b) County	
b) Street address 620 S. Montfe	ord Ave	(c) City or town Baltimore, (If outside city or town limits, write RURAL	d wine town)
e) Hospital or institution:		(If outside city or town limits, write RURAL	, and give town,
Home		No. 620 S. Montford Ave	
	mae or days)		
d) Length of stay in hospital or inst. (yrs.,	, mos., or days,	(e) If foreign born, how long in U. S. A.?	years
e) Length of stay in Baltimore (yrs., mos.	, or days)	(v) 11 1010 (v)	1
50111 . 20	r in Account	MEDICAL CERTIFICATION	15
3 (b) If veterati, minute	Social Security Account	20. DATE OF DEATH Dec, 9th 19.39	AM 6 AM
No No.	None	I al a desentate	C. (Dat   attender.
4. Sex 5. Color or race 6 (a) Sin divorced	gle, married, widowed, or	()(1, 4) 19 31, 10	
Mola White	Idoned	and that I last saw h /M alive on DEC. 9	,39.
6 b) Name of husband *** Eva	Piskor	and that I last saw n / / 2 silve on	Duration
6 (c) If a	alive, give age years	Immediate cause of death BRONCHO	
7. Birth date of deceased (mo., day, yr.)	December 27/18	PNEU MONIA	DEC. 6-9
A AGE: Years   Months   Days	If less than one day	PNDOM	1939
8. AGE: Years Months 129 7	hr. min	ARTERIOSCLEROTIC	
11	^	TAGE VASCULAR	Oct. 1939
9. Birthplace Poland (Town, col	enty, and state)	Due to DISEASE	TO 966.
10. Usual Occupation . MA	me M		9-17-9
11. Industry or business	V	Other Conditions	PHYSICIAN
Timouty size ont Pisk	or	(Include pregnancy within 3 months of death)	
12. Name Vincent Pisk	**	Major findings:	Underline the
13. Birthplace Poland		Of operations	death should be
		NONE	charged statis-
14. Maiden Name Rose ?		Of autopsy NoNE	
15. Birthplace Poland	mka (Daughter	22. If death was due to external causes, fill in the	tollowing.
16 (a) Informant Mrs. Mary Ja	That Thanking	(a) Accident, suicide, or homicide	
(b) Address 620 S. Monti	ord Ave	(b) Date of occurrence.	
(b) Dat	e thereof 12/12/08	(e) Where did injury occur?	ounty) (State)
1/ (a)	(month) (day) ()	( industry	al place, in public
(e) Cemetery or crematory St.	Stanislaus Cer	While at w	ork?
Location Baltimore,	id. pfA/H	Specify type of place)	
	e y Weller.	(e) Means of injury fr	ya
18 (a) Funeral director	ann st	23. Signature bell	M.D.
(b)-Aldring 101839	+ WII	Mes 209 & Selected St Date	signed / +/9
19 (a)	and on the Registrar	Address	
(Date rec'd by registrar)	0		

62236

V.S. 3

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## BALTIMORE CITY HEALTH DEPARTMENT

122 Registered No. FL 63736

00100	OCITITION I		-b- ()+) (+)(+)
PLACE OF DEATH: ) Baltimore City, Maryland		2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County	
Street address 2012. E Z		(c) City or town Balto. (If outside city or town limits, w	write RURAL and give town;
Length of stay in hospital or inst. (yrs., n	nos., or days)	(e) If foreign born, how long in U. S. A.?	ve location) years
(a) FULL NAME Annie	E. Bit	tory MEDICAL CERTIFIC	ATION
(h) If veteran, name war 3 (c) S	Social Security Account	20. DATE OF DEATH Dec 9	1939, at 7 P. M
Emple White divorced. e	Marved	21. I certify that death occurred on the date ed deceased from 1937 and that I last saw here alive on	· to but 195 4.
b Name of husband of wire 6 (c) If aliv	ve, give age	Immediate cause of death	Duration
Birth date of deceased (mo., day, yr.) 7  AGE: Years Months Days 72 6 26	May 13 1867  If less than one day  hr. min.	Myrcordine Duruffer Dué 10 testimato apotra	ution 3days
T 4	ty Md.	Due to	
10. Usual Occupation at Tal.  11. Industry or business	00	Other Conditions	
12. Name 13. Birthplace	inhals	Include pregnancy within 8 menths of Major findings:  Of operations	death)  inderine the ause to which death should be harged statis-
14. Maiden Name	A	Of autopsy	tically.
15. Birthplace  16 (a) Informant Miss  16 Address 2012 5.		22. If death was due to external causes,  (a) Accident, suicide, or homicide  (b) Date of occurrence	fill in the following:
17 a Burial crematic or removal)	hereof Dec. 12 193 (month) (day) (year)	(c) Where did injury occur? (City or to	m, industrial place, in publi
Location Salto.	aly for	place? (Specify type of place)	While at work?
(b) Address 740)	Lair Orch.	23. Signature There B	Carrigned 12 10 34
19 The 41-1339	Registrar	Address // June	19)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 6373 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (b) County a) Baltimore City, Maryland b) Street address Tombard and Greene c) Hospital or institution; University Hospital Vd Street No. d) Length of stay in hospital or inst. (yrs., mos., or day) 3 // If rural give location) years (e) If foreign born, how long in U. S. A.) e) Length of stay in Baltimore (yre., mos., or days) (a) FULL NAME Donald Raver MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH Dec . 11 1939 . . 6300 M (b) If veteran, name war 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed deceased from Dec 11 1939. 10 Dec 11 1939. 5. Color or race . Sex divorced. and that I last saw him alive on Dec 11 1929 white male Immediate couse of death Us playe in (b) Name of husband or wife years 6 (c) If alive, give age Birth date of deceased (mo., day, yr.) 2ft 15-1 Due to aspiration of Ulf less than one day Monthe Years Birthplace 0. Usual Occupation Other Conditions I. Industry or business PHYSICIAN me Raver (Include pregnancy within 3 months of death) Underline the Major findinge: cause to which Of operations leath should be charged statis-14. Maiden Name Of autopay 22. If death was due to external causes, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public .... While at work? (Specify type of place) 23. Signature Kamsey B Thomas Registrar

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: a State And (1) County Baller 1 PLACE OF DIATH: Baltimore City, Maryland (c) City or town Parltune (If cut ide cits or town limit, write RURAL and give town) (b) Street address Hospital or institution Ballimore City Hospital d Length of stay in hospital or inst. (yrs., mos., or days (e) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., mos., or days) 40 year, COLBERT WILLIAM 3 FULL NAME MEDICAL CERTIFICATION 3 C Social Security Account 20. DATE OF DEATH alexander 84, 1935, at 5 MM 3 | If veteran name war 21. IHEREBY CERTIFY, That Itook charge of the remains described 6 a Single, married, widowed, or above, held an autopas, thereon and from the evidence 5. Color or race 4. Sex divorced Marine (Autorsy or In and) obtained by said (Autopsy or Inquery) find that said deceased came 6 1 Name of husband or wife FAUNIE to has death on the day stated above. 7. Both date of deceased mo, day, yr n N 141 Durstion Immediate cause of death If less than one day 8 AGE: Years Months acute alcoholism 9. Birthplace Washington 10. Usual Occupation Cleval 12 Name Williams, Collect Other Conditions PHYSICIAN. (In lude tre reancy will in 3 month of death Underline the Major findings: can to which woshington W L Of operations d hould be charged statistiently. 16 (a) Informant FAMMIE COLDERT WIFE Of autopsy 22. If death was due to external causes, fill in the following a Accident, suicide, or homicide & Date thereof DEC .12/39 (b) Date of occurrence Where did injury occur? (County) Certetery or crematory ST. MATTHEW CEM. d Did injury occur about home, on farm, industrial place, in public While at work? illy = Zeiter INE (Specifs to pe of place) 10) Address 403. 80 Alle N. e Means of injury It fee allemoller 23. Signature Medical Examiner 10 6 11 1939 4 tentry ton Williams My Date signed See 9,1535

HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH 63739 Registered No ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No Length of residence in city or town where death If U.S. Veteran specifi WAR 2. FULL NAME .... Ward. .... (If non-resident give city or town and State) (a) Residence: No. MEDICAL CERTIFICATE OF DEATH al place of abode) PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month. That I attended 3. SEX I HEREBY to have occurred on the date stated above, at 0:55 P.m. HUSBAND of (or) WIFE of The principal cause of death and related causes of Date of sneet 6. DATE OF BIRTH (month. If LESS than Days Months Years 1 day ..... hra. 7. AGE or ....min. 60 5. Trade, profession, or particular kind of work done, as spinner, annyer, bookkeeper, etc. 9. Industry or business in which work was done, as sifk mill, saw mill, bank, etc. 11. Total time (years) 10. Pate decement last worked at this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) For what disease or injury? Name of operation II. NAME Was there an automor What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE tely or (State or country) ... Date of injury.... Accident. suicide, or homicide?... IS. MAIDEN NAME U Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town (State or country) Kart place 17. INFORMANT Manner of injury, (Address) 18. BUEIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Plane. so, specify IN UNIMITATOR (Address)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	0
121	Registered NB 3740
1	H 6.3740

63740 CERTIFICAT		
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State (d (b) County	
Street address 1675 N. North Ave.	n-li-imono	
Hospital or institution:		AL, and give town)
1100	d) Street No. 1675 W. North Ave.	
and days)	(If rural give location	3)
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days). Life	(e) a foreign const	
(a) FULL NAME Fannie A. Carroll	MEDICAL CERTIFICATION	
12 S :- I Somety Account	MEDICAL CERTIFICATION	0 9 4. M
(b) If veteran, name war	DATE OF DEATH December 10 190	S. ALU.A. M
Ser   5. Color or race   6 (a) Single, married, widowed,	- I - the date shove at	ated; that lattend-
divorced. Widowed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر المال
	and that I last saw h er alive on see, 9	1937 .
(b) Name of husband or wife Thomas Carroll 6 (c) If alive, give age yea		Duration
0 (6) 11 000 00		Monelo
Birth date of deceased (mo., day, yr.) Nov. 22, 1857	Mycardila	/ nonely
AGE: 1 cars income	Due to	
80 - 10	Due to Cardian delilate	
Birthplace Baltimore, Md. (Town, county, and state)	Due to Carlean union	
(1044)		
IU. Odua Occupation	Other Conditions Delunaselesses	
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Thomas Mullen	Major findings:	Underline th
13. Birthplace Baltimore, Md.	Of operations	death should b
D. Birmpiace		charged statis
14 Maiden Name Harriett Hook	Of autopsy	tically.
15. Birthplace Baltimore, Ma.	22. If death was due to external causes, fill in the	ne following:
16 (a) Informant Mrs. Short	(a) Accident, suicide, or homicide	
(b) Address Annapolis, Md.	(a) According surrence	material de
Describered Deca 1291	Where did injury occur?	(Cananty) (State)
(month) (day)	(c) Where did injury occur, (City or town)	
(c) Cemetery or crematory Conjur Bluff Cemeter	(d) Did injury occur about home, on farm, indus	work?
Anaspolis, ild.	place? (Specify type of place)	
Location (DW amorran	(e) Means of injury	
18 (a) Funeral director	The state of the s	M. D.
(b) Address 1000 pp - Dallation Thursday	Signature.	te aigned 12/11
DEC 11 1999 (b) Registra	Advess	(e. aligned and

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



18 Registered No. 63'741

Baltimore City, Maryland Street address. Hospital or institution:    Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in hospital or inst. (yrs., mos., or days)   Lengt	CERTIFICATION		
Baltimere City, Maryland   Street address   3	A DE A PAI	2. USUAL RESIDENCE OF DECEASED:	
Street address   Hospital or institution:   (c) City or town   Man, write NIRAL and give location   Man, write NIRAL and give town	PLACE OF DEATH:	Mde (h) County	
Hospital or institution:    Length of stay in hospital or inst. (yrs., mos., or days)   (a) Street No.   3 2 1	Baltimore City, Maryland	a) State 1	
Hospital or institution:    Length of stay in hospital or inst. (yrs., mos., or days)   (a) Street No.   3 2 1	Street address / 3 d M. March	City of town Balto, Mal	A when town !
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Bahtimore (yrs., mos., or days)  Length of stay in Bahtimore (yrs., mos., or days)  Length of stay in Bahtimore (yrs., mos., or days)  Length of stay in Bahtimore (yrs., mos., or days)  MEDICAL CERTIFICATION  Social Security Account No.  Social Security Account No.  Social Security Account No.  Date of DEATH  Land 1 1939, stall R. M. Lerify that death occurred on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; that I strended deceased from and that I last saw halive on the date above stated; tha		outside city or town lines, write BURAL	and give town;
Length of stay in hospital or inst. (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of stay in Baltimore (yrs., mos., or days)   Dength of Science (yrs., mos., or days)   Dength of Science, or days   Dengt		1321 X. Marles	180
Length of stay in Baltimore (yrs., mos., or days)   College Born, now tong, moving,		(d) Street No. 1. (If rural give location)	
Length of stay in Baltimore (yrs., mos., or days)   College Born, now tong, moving,	Length of stay in hospital or inst. (yrs., mos., or days)	I land in U.S.A.	years
MEDICAL CERTIFICATION  Social Security Account No.  Social Security Account No.  Social Security Account No.  Days of the security Account through the security through through the security through through the security through the security through the secu	Rakimore (vrs., mos., or days) 30	(e) If foreign born, how long in O. S. A.r.	
MEDICAL CERTIFICATION  S. Color at rese (b. (a) Singley matried, widqwed. or divorced.  Mo. S. Color at rese (b. (a) Singley matried, widqwed. or divorced.  Mo. S. Color at rese (b. (a) Singley matried, widqwed. or divorced.  Mo. S. Color at rese (b. (a) Singley matried, widqwed. or divorced.  Mo. S. Color at rese (b. (a) Singley matried, widqwed. or divorced.  Mo. S. Color at rese (b. (a) Singley matried, widqwed. or divorced on the date above stated; that latered ed deceased from 1 (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (11/19 3), and that last saw h. Talive on (1/2 19 3), to 1/2 (1/2 19 3), to	Length of stay in Dantino		
MEDICAL CERTIFICATION  1 1939, at 1 19	a FULL NAME hasy M. gran	CO CONTINUE A TION	
No.    S. Color at race   6 (a) Single married, widqwed, or divorced.   11   19   27   27   28   28   29   29   29   29   29   29	In the intermediate Account	MEDICAL CERTIFICATION	
21. I certify that death occurred on the date above stated, that I strended deceased from and that I last saw he alive on and	b) If veteran, name.	TO DATE HE DEATH	
diverced. Market of deceased from and that I last saw he alive on and that I last saw he alive	or a midowed of	20. Date of bath occurred on the date above state	d; that lattend-
(b) Name of hurband or wife  6 (e) If alive, give/age 33 years  6 (e) If alive, give/age 33 years  7 Pears Months Days  It less than one day  h.  Due to  Other Conditions  PHYSICIAN  (Include pregnancy within 3 months of death)  Major findings:  Of operations  15. Birthplace  16 (a) Informant  (b) Address  17 (a)  (Furtal, remastion, or removal)  (Eurtal, remastion, or removal)  (b) Date thereof (mouth) (day) (year)  (c) Cernetery or currentory  (c) Cernetery or currentory  (d) Did injury occur about home, on farm, industrial place, in publication  While at work)  (e) Means of injury  (b) Means of injury  (c) Means of injury  (e) Means of injury  (f) Means of injury  (e) Means of injury  (f) Means of injury  (g) M		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.4.
Birth date of deceased (mo., day, yr.)	tensile totale 1 married	ed deceased from	35.
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days If less than one day hr. min.  Due to	Peler N. graves		Davation
Birth date of deceased (mo., day, yr.)  Birth date of deceased (mo., day, yr.)  Birthplace  Town Jount, and start  Due to  Other Conditions  Underline to cause to whit death should charged start tically.  It. Maiden Name  14. Maiden Name  15. Birthplace  16. (a) Informant  (b) Date thereof Albert 14/39  (mouth) (daf) (year)  (c) Cemetery or currentors  (e) Cemetery or currentors  Due to  Other Conditions  PHYSICIAN  Underline to cause to whit death should charged start tically.  22. If death was due to external causes, fill in the following:  Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in pubplace?  (g) Means of injury  While at work?  (e) Means of injury  Underline to causes, fill in the following:  (d) Did injury occur about home, on farm, industrial place, in pubplace?  (e) Means of injury  Underline to cause to whit death should charged start tically.	6 (c) If alive, give ge 53 years	Immediate cause of feath	37/2/
Due to    Due to   Du	1000	7 Menu	
Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations  14. Maiden Name  15. Birthplace  16. (a Informant (b) Address  (b) Date of occurrence (c) Where did injury occur? (City or town)  (County)  (State (d) Did injury occur) (Specify type of place)  (e) Means of injury  (e) Means of injury  (e) Means of injury  (include pregnancy within 3 months of death)  (Include pregnancy within 3	n It less than one one	0	
Due to  Other Condition  PHYSICIAN  Include pregnancy within 3 months of death)  Underline to cause to white data should charged state tically.  It Maiden Name  It. Maiden Name  It. Maiden Name  It. Maiden Name  It. Birthplace  Of operations  Of autopsy  It. If death was due to external causes, fill in the following:  Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (city or town) (County) (State place)  (d) Did injury occur about home, on farm, industrial place, in publication  While at work?	AGE: Tears Months	Due to	
10. Usual Occupation 11. Industry or busines  12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. (a) Informant (b) Addres 17. (a) (Eurial, cremation, or remove) (b) Data thereof (mouth) (day) (year) (c) Cemetery or crematory (d) Did injury occur? (d) Did injury occur about home, on farm, industrial place, in publication  While at work?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Data thereof (Specify type of place)  (g) Means of injury  (h) Data thereof (Specify type of place)	50 8 22 11		-
10. Usual Occupation 11. Industry or busines  12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. (a) Informant (b) Addres 17. (a) (Eurial, cremation, or remove) (b) Data thereof (mouth) (day) (year) (c) Cemetery or crematory (d) Did injury occur? (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Data thereof (Specify type of place) (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Means of injury  (g) Means of injury  (h) Data thereof (Specify type of place)	St. margo co. mas	Due to	-
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant (b) Addres 17 (a) (Turnel remation or rematory (City or town) (County) (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury  (e) Means of injury  (f) Means of injury  (include pregnancy within 3 months of death)  Major findings: Of operations  (Include pregnancy within 3 months of death)  Underline to cause to whit death should charged state tically.  22. If death was due to external causes, fill in the following:  Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in publication (d) Did injury occur about home, on farm, industrial place, in publication (d) Means of injury  (e) Means of injury  (f) Means of injury  (in the following:  (in publication of the following:  (in publicat	Birthplace Town dounts and state		-
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant (b) Addres 17 (a) (Turnel remation or rematory (City or town) (County) (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury  (e) Means of injury  (f) Means of injury  (include pregnancy within 3 months of death)  Major findings: Of operations  (Include pregnancy within 3 months of death)  Underline to cause to whit death should charged state tically.  22. If death was due to external causes, fill in the following:  Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in publication (d) Did injury occur about home, on farm, industrial place, in publication (d) Means of injury  (e) Means of injury  (f) Means of injury  (in the following:  (in publication of the following:  (in publicat	10. Usual Occupation	as contiins were	
12. Name 13. Birthplace  14. Maiden Name 15. Birthplace  16. (a) Informant (b) Addres  17. (a) (b) Data thereof (mouth) (dat) (year) (c) Cemetery of company (mouth) (dat) (year) (d) Did injury occur about home, on farm, industrial place, in publication (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Means of injury  (g) Means of injury  (h) Means of inju			PHYSICIAN
Major findings:  Of operations  Of autops  14. Maiden Name  15. Birthplace  Of autops  16. (a Informant (b) Addre  17. (a)  (a)  (b) Date thereof (mouth) (day) (year) (c) Cemetery of community (c) Cemetery of community (d) Did injury occur about home, on farm, industrial place, in publication  While at work?  (e) Means of injury  (e) Means of injury  (f) Did injury  (g) Addre  (g) Means of injury  (h) Means of injury	Thomas H. aurey.	(Include pregnancy within 3 months of death)	
14. Maiden Nam  15. Birthplace  16 (a) Informant (b) Addre  17 (a)  (a) (b) Date thereof (mouth) (day) (year)  (b) Date thereof (mouth) (day) (year)  (c) Cemetery or curvatory  (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Means of injury  (g) Means of injury  (h) Mean	12. Name		
14. Maiden Name  15. Birthplace  16 (a) Informant  (b) Addre  17 (a)  (Burnal cremation of remaining (mouth) (day) (year)  (Cemetery of community)  (Cemetery of community)  (Cemetery of community)  (Burnal cremation of remaining (mouth) (day) (year)  (City of town) (County) (State (d) Did injury occur about home, on farm, industrial place, in public place)  (Burnal cremation of remaining (mouth) (day) (year)  (City of town) (County) (State (d) Did injury occur about home, on farm, industrial place, in public place)  (Beans of injury (c) Means of injury (c) Mea	13 Birthplace	Of operations	death should b
15. Birthplace  16 (a) Informant (b) Addres  17 (a) (c) County (d) Date thereof (month) (dat) (year) (d) Did injury occur? (e) Where did injury occur? (formation occur) (g) While at work?  (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury  (formation occur) (h) Date thereof (month) (date) (year) (h) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury  (formation occurrence)  (g) While at work?	Mary J. Bell,		
16 (a) Informant (b) Addre  17 (a) (b) Date thereof (month) (dat) (year) (c) Cometery or cognatory (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury (f) Means of injury (g) Means of injury (h) Date thereof (h) Date of occurrence (g) Where did injury occur? (h) Did injury occur about home, on farm, industrial place, in publication (g) Means of injury (h) Means of injury (h) Means of injury (h) Means of injury (h) Date thereof (month) (h) Means of injury (h)	SI. WARRAJOD. INC.	Of autopsy	
16 (a) Informant (b) Addre  17 (a) (b) Date thereof (month) (dat) (year) (c) Cometery or cognatory (d) Did injury occur about home, on farm, industrial place, in publication (e) Means of injury (f) Means of injury (g) Means of injury (h) Date thereof (h) Date of occurrence (g) Where did injury occur? (h) Did injury occur about home, on farm, industrial place, in publication (g) Means of injury (h) Means of injury (h) Means of injury (h) Means of injury (h) Date thereof (month) (h) Means of injury (h)	ii 15. Birthplace	22. If death was due to external causes, fill in the	ollowing:
(b) Addres  (b) Date thereof (month) (day) (year)  (c) Cemetery or commutery  (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date of occurrence  (City or town) (County) (State of Did injury occur about home, on farm, industrial place, in publication of the place)	16 (a) Informant	Accident, suicide, or homicide	
(c) County (County)  (day) (year)  (d) Did injury occur about home, on farm, industrial place, in publication  (e) County (County) (State (Did injury occur about home, on farm, industrial place, in publication  (f) County (County) (State (Did injury occur about home, on farm, industrial place, in publication (Specify type of place)  (e) Means of injury occur?  (f) Where did injury occur?  (City or town) (County) (State (Did injury occur))  (g) Where did injury occur?  (g) Where did injury occur?  (h) Did injury occur?  (g) Where did injury occur?	1 13 AU I MI PLU U UNITUR		
(d) Did injury occur about home, on farm, industrial place, in publication  (e) Cemetery or commatory  (b) Did injury occur about home, on farm, industrial place, in publication  (b) Did injury occur about home, on farm, industrial place, in publication  (c) Cemetery or commatory  (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury  (e) Means of injury		1: 1: in accur)	- Chatal
Location Specify type of place?  (e) Means of injusting a supplied of place.	1/ (I month   Gar) (year	(City or town) (Co	
Location (Specify type of place)  (8) Funeral director (Pure of place)	tory cross, a a	(d) Did injury occur about home, on farm, mousting	ork)
18 (e) Funeral director Months (e) Means of injury	(c) Comments (algorithms) andi		
IN (a) Funeral director of the control of the contr	Location Way by the H. TUMN		4
M. D. Signature.	18 (a) Funeral director		u 1
	WALL TERMINE	N. Signature.	1 Min 1/2
Address IVV W LL Date signed 111/2	DEC 44 4000 military for 7 miles,	Address Ixx W Vel Date 1	ngned / 11/3
1904 C. 1 1 1 Resclatras   Address	19 00 Registrat	Audicss.	

#### MARYLAND STATE DEPARTMENT OF HEALTH

### 63742

Bureau of Vital Sta	PARTMENT OF HEALTH  atletice, Baltimore  Reg. Diet. No
63742 CERTIFICAT	TE OF DEATH V/0
PLACE OF DEATH:  (County  (If outside city or town limits, write RURAL and give town)  Street address hospital, or institution:  3706 Springfull are  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in this community (yrs., mos., or days)	2. HOME (USUAL RESIDENCE) OF DECEASED:  (a) State Margle (b) County Ballings  (c) City or town Ballings  (If outside city or town limits, write RURAL and give town)  (b) Street No. 3706 African day  (c) If foreign born, how long in U. S. A.?
(a) FULL NAME China Kathorine Yoly  (b) If veteran, name war  No.  Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.  Widow  (b) Name of husband or wife John Yoly	MEDICAL CERTIFICATION  20. Date of death 1
6. (c) If alive, give age decreased years  Birth date of deceased (mo., day, yr.) July 26-1850  AGE: Years Months Days/ If less than one day  89 5	Due to Other conditions
Usual occupation	Major findings Of operations Of autopsy  Of autopsy  (Include pregately with a 8 m of has fideat)  Underline the cause to which death should be charged statistically.
15. Birthplace  (a) Informant My Christian policy (b) Address Pikerille, md  (c) Burial (b) Date thereof 17/17/39  (c) Cemetery or crematory Jonden Mark  Location 2700 gradewille Rd  (d) Funeral director of mark M. Markelle  (b) Address Extendely Markelle  (b) Address Extendely Markelle  (c) Location 2700 gradewille  (d) Funeral director of markelle  (e) Address Extendely Markelle  (f) Address Extendely Markelle  (g) Address Extendely Markelle  (h) Address Extendely Markell	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or twn)  (Court)  (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature
The horning (6) with a little aug the Royaltrar	Address

Registered No.

CERTIFICAT	- MORACED	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State MA (b) County	-
Baltimore City, Maryland	13.21	
Street address	CHY OF TOWN	and give town!
Heapted or institution:	d Street St. Vacurs 455	
Edge work Sanitorium	d Strello.	Car
1 . i-e (vvs mos, or days)	of Street No. Some of Market of the street o	years
Length of stay in hospital or inst. (yrs., mos, or days)	If foreign born, how long in U. S. A.?	
Length of stay in Baltimore lyrs, mos., or days 30 710		- 1
FULL NAME anna Dorothy &	frick mountain	
FULL NAME Unua Dorothy	MEDICAL CERTIFICATION	
(b) If veteran, name war	Dee 10 € 1937	. at M
NO.	20. DATE OF DEATH  21. I certify that death occurred on the date above state and the date and the date above state and the date and the date above state and the date and the date above state and the date and the date above state and the date abov	ed, that lattend-
Sex 5. Color or race 6 (a) Single, married, widewed,		10 1931.
Finale White morred Single	and that I last saw h wall on 12/10	39
THAT I SHOW THE SHOW		Duration
Name of husband or wife 6 of If alive, give age yea	Immediate cause of death	4
Que 25 187	6 P. IL Threat of Lifering	1240
Birth date of deceased mo, day, y	Left Threst, of Kiting	
7. Birth date of deceased mo, day, yr lug 25 t 187  8. AGE: Years Months Days If less than one day hr. m	in. Due to gotting to	-
	4	-
9. Birthplace Louis ville, Ky	Due to	
(1 - + EC921014)		
10. Usual Occupation 11. Industry or businesslata Vivio Fetign Succety	Other Conditions	PHYSICIAN
II. Industry of	circlude ir knancy within 8 menths of death	Underline the
	Major findings:	cause to which
	Of operations	death about he
13. Binhplace  14. Maiden Name Margaret Kroeger  Germany		tial.
14. Maiden Name	Of autopsy	
	22. If death was due to external causes, fill in the	1011011111
horned W. 1000	(a) Accident, suicide, or homicide	
16 (1) Informant 4608 Roland aux 12/12/13	b) Date of occurrence	
	4 July - 1.d injury occur?	County) (State)
17 (a) (month) (da) )	Did in accur about home, on farm, indust	rial place, in publi
Cemetery or cremetory 4122 MM ount		work?
132(10.	place? (Specify ty	
Location /////	(e) Means of injure	11
18 1 Funeral director William St. Parel st	23. Signature 200	M.P.
h Address	1. (11)	e signed /2/1/)
When A Ame Will & Register	Address 2000 4 Charles Dat	,
19 (a) mon regard and the first for ( her alles)		
- Pro To man		

VS 2

# CERTIFICATE OF DEATH 93 - Registered No. 14

	2. USUAL RESIDENCE OF DECEASED: 85706.	-19-1495
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State Md (b) County	
Street address 117 Taplow Rd Hospital or institution:	Balto	
Hospital or institution:	(c) City or town affects of town limit, write RUK	AL and give town)
Prospilar of Manualion	man No 117 Taplow	
	d Steet No.	1
Length of stay in hospital or inst. (yrs., mos., or days)	W I	
32	e If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs. mee, as Lys) 32		
FULL NAME Phillip 5. Lang	Va	
16 If veteran, name war S c Social Security Account	MEDICAL CERTIFICATION OF THE PROPERTY OF THE P	125 >
	193	9.1- PM
AU No. MUNE		
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above st	c9 1939
male White margisd	ed deceased from June 30 1930. Low	10 36
S. Jens	and that I last saw humalive on Loce 9	1197.
(b) Name of what wife Engenia Lang year	turndista came of death	Duration
6/c II alive, give age		3 d
7. Birth date of deceased mo. day. yr Sept 24 188		
AGE: Years Months Days If less than one day	Duton abypentenon	n
nir hr mir	Dudo M. any	
56 Phila Pa	and Courone hugo ca	
9 Birthplace	and course orange	
E . A Baidaka	montpreces 1 s	are .
10. Usual Occupation Cugenteen of Bun R. R.	Other Conditions Quel 1937.	
	· ·	PHYSICIAN
12. Name Phillip 9. Lang	Include presumber within I months of death)	t/aderline ti
	Major findings:	cases to white
13 Birthplace	Of operations	inth to di
14 Maiden Name Unknown		ti n
15. Birthplace	Of autopay	
Very Land	22. Il death was due to external causes, fill in th	to ton an mil
14 a la l	(a) Accident, suicide, or homicide	
b) Address 117 Taplow Rd	Descriptions of the second of	
Burial h Date thereof 7/2/3	(c) Where did injury occur?	County) (State
(Parial, Contract O (month) (day) (ye	(d) Did injury occur about home, on farm, indus	trial place, in pub
Complety and Milliam Druid Milly	While at	work?
Balto. Co. ma	place? (Specify type of place)	
William Call	/-	), 0
In I diletal director	(e) Means of injury	Kary
(b) Address 1217 St Paul St	23. Signature	M. D.
A Wil	Address 4 Porston & Da	ic distributes
19 (n) + 13 12 3 10 trator Tollaulantern	Madica	

## F 63775 FS

GSP ST BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT ALL Registered No TE OF DEATH ALL Registered No	15
	2. USUAL RESIDENCE OF DECEASED t	
LACE OF DEATH:	(a) State Md. (b) County	
Baltimore City, Maryland Street address 4940 Eastern Ave.	m 1 A	and wice town
Street address	(c) City or town (If outside city or town limits, write RURAL)	and kive to an
Hospital or institution: Balto. City lospitals	Street No. 815 5. Streeper St.	
Length of stay in hospital or inst. (yrs., mos., or days) 23 C Length of stay in Baltimore (yrs., mos., or days) 22	yrs (e) If foreign born, how long in U.S.A.?	усато
	TON TON	
a) FULL NAME  William McMullan    3 (c) Social Security Accounts	MEDICAL CERTIFICATION  8 20. DATE OF DEATH 12-1/1939	73° M
(b) If veteran, name war No.2/5-03-289	20. DATE OF DEATH	t about attends
Sex 5. Color or race 6 (a) Single, married, widowed divorced Married	20. DATE OF DEATH  21. I certify that death occurred on the date above state ed deceased from // 18 19 57, to / 2 and that I last saw he am alive on / 2 - // 19	37.
Emma	and that I have and death	Duration
0 (6) 11 41.1	years lamedioto couse of death Carcinoma asserting colo	
Birth date of deceased (mo., day, yr.) 8-20-1884		
AGE: Years Months Days	min. Due to	
55 3 21 hr.		
). Birthplace (Town, county, and state)	Due to	-
L. Daniel	Other Conditions	-
10. Usual Occupation unemployed		PHYSICIAN
12. Name John McMullen	(Include pregnancy within 3 months of death)	Underline the
W . VO .	Major findings: Of operations	cause to which death should be
13. Birthplace  14. Maiden Name Englis Fischer		charged statis- tically.
e i d. Millionis	Of autopsy.	
15. Birthplace W.VB.	22. If death was due to external causes, fill in the	10110 w K.
15. Birthplace  B.C.H. Records  16 (a) Informant	(a) Accident, suicide, or homicide	
(b) Address /2/14	(b) Date of occurrence	
Bunial (b) Date thereof	(City or town)	county) (State)
17 (a) (Burial, command) m+ Carmel	(c) Where did injury occur about home, on farm, industr	work?
Comptery of crematory	place? (Specify type of place)	
7 01. Md.	(Species)	
Salto.	Moone of injury	
Location William Cook	(e) Means of injury	M. D.
Salto.	4 Killotturi	M. D.

## F 63746

# CERTIFICATE OF DEATH

	00 5 400 1 600	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. L. C. Mandaud	a State Md & County	
Street address 109 S. Pofe ple tou et.	a state	
Street address 107 .	(c) City or town Balto	will be be someth
Hospital or institution	(If outside its or town limits, write he had	
	1 x 3. 109 S. Poppleton s	1
Length of stay in hospital or inst. (yrs., mos., or days)	At Airal give heathen)	
Like	(c) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yra., mos., or days) Life	Tell it tolerge book, been joing	
FULL NAME SUSAN REbecca	Prince	
a c 116 w Assount	MEDICAL CERTIFICATION	265
No. MONE	20. DATE OF DEATH NEC 10- 1939	
Sex 5. Color or race 6 (a) Singh, married, widewed, or	21. I centify that death occurred on the date above state	d that lattend
Quele White mornied	ad decented from June 1 1937, to pare	10 1931.
Grand C Prince St	and that I last saw h alive on pro 10	, 39
Name of Imsband or with Groupe C. Prince St		Duration
O C II suite, Site age	A	mkum
. Buth date of deceased mo. day vr Sept 27 £ 1896	with metablaces	
ACE Years Months Days If less than one day		
43 2 /3 hr. min	Due to	
13.04. Wd		
Time, county, and tite)	Due to	
10. Unual Occupation House as fe		
11. Industry or business at Horle &	Other Conditions	
e 11 2 m	de the	PHYSICIAN
12. Name Geo. W. Butterworth	include regents, within ments of death)	Underline the
13 Birtholace / Jack To Mix.	Major findings: Of operations	cause to which
Tulia & Phillips	V. openina	death should be
14. Maiden Name Valia S. Phillips	01	tiently.
2 1 Dalla Ma	Of autopsy	
400 C. Prince St	22, If death was due to external causes, lill in the f	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
S Police to ct	(a) Accident, unicide, or homicide	
10 Address 109 S. Pofspileton St.  17 a Burial 6 Date thereof Dec 142 19	Date of occurrence	
17 (a) Burial (b) Date thereof 29 e /4 = 19	r) (c) Where did injury occur?	inty) (State)
Burial	(d) Did injury occur about home, on farm, industria	
Cemetery or exemutory	While at wo	ork?
Location Bulto Mis	place? (Specify type of place)	
18 (a) Funeral director wom Cook	(e) Means of injury	
1217 : 1 Tunk	nathan I Course	24 15
(b) Address	25. Signature	wood 12 11 29
19 a Registrar	Address 206 S. Julia & Date s	igned 12 11 >7
Inte raid by redictor)	/	

1. PLACE OF DEATH: (a) Baltimore City, Maryland 2/	2. USUAL RESIDENCE OF DECEASED:  (a) State Md' (b) County	
(h) Street address 3508 Hamilton ave	City og town Ballimore	HELL BY
(e) Hospital or insutution:	NAME No. 3508 Hamilton	Que
d) Length of stay in hospital or inst. (yrs., mos., or days)	If reral give heatlen)  (a) If foreign born, how long in U. S. A.?	years
3 a FULL NAME Lowerd W. Fischer	The following the state of the	
	MEDICAL CERTIFICATION	
No. none	20. DATE OF DEATH Des 10 193	9. at M
4. Sex 5. Color or race 6 a Single, married, widowed, or divorced Married	21. I certify that death occurred on the date above stat	
6 th Name of husband or wife Lena E.	and that I last saw h scaling on 12 /10 1	39
6 of Name of hurband of wife 6 of If alive, give age 7/ years	Immediate cause of death	Duration
7. Birth date of deceased mo. day, vr april 212 1867	angua Pestori	-
8 AGF Years Months Days If less than one day 72 7 10 hr min	Due to	
9. Buthplace Baltomore Md of	_	
Clerk county, and tate!	Due to	
11. Industry or business Balto, Liquor Board	Other Conditions	
12. Name Deorge Fischer	(Include pregramey within 3 menths of death)	PHYSICIAN
2 13 Birthplace Dermany	Major findings: Of operations	the rise the
14 Maiden Name Katherine Unknown	Of Optianona	at had be
\$ 15 Burbolace Germany	Of autopsy There	tically.
16 (11) Informant Mrs Sera E. Bischer	22. If death was due to external causes, fill in the f	ollowing:
Address 3008 Hamilton With	(a) Accident, suicide, or homicide  (b) Date of occurrence	
Burial cremation, or removal) Date thereof (month) (day) from:	(c) Where did injury occur?	nty (State)
Complete of Complete Parkwood	(d) Did injury occur about home, on farm, industria	
Location Baltimore Co.	place? While at wo	rk?
18 (a) Funeral director William Con	(e) Means of injury	2
(b) Address 12/7 St Caury St	23. Signature	M.D.
Date rec'd by pari truri	Address 5703 Halfresty	Med 12/1/20

## CERTIFICATE OF DEATH

99-C Registered No.

	V	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Md (b) County	
Street address Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RUE	tAL and give town)
JOHNS HOPKINS MOSPITAL	Synt No. 1611 Yough	
Length of stay in hospital or inst. (yrs., mos., or days)	off rule give location	n)
Length of stay in Baltimore (yrs., mos., or days) 33 485	If foreign born, how long in U. S. A.?	years
a) FULL NAME SAMUE/ ICHNIOW	SKI MEDICAL CERTIFICATION	P
b) If veteran, name war	20. DATE OF DEATH Dec- 9 19.	9. at 840 PM
Sex 5. Color or race 6 (a) Single, married, widowe	d. or	tated; that lattend-
Ale White divorced WIDOWSI	1 1937, 10 DE	C 9 1939
b) Name of husband or wife	and that I last saw him alive on Dec 9	Duration
6 c If alive, give age	years Immediate cause of death Cardiac failur	2 2005
Birth date of deceased (mo., day, yr.) 6 - 24 - 7		
AGE: Years Months Days If less than one da	Due to Wyocardial infarction  Due to Coronary ar fuiroclaron	, ,
65 hr.		. 2
Birthplace Poland (Town, equal), and state)	Due to Coronary an funasclars	
Dirthplace (Town, equal), and state)  (Town, equal), and state)		
1. 1. 1 or husiness	Other Conditions	PHYSICIAN
12. Name FERDINAND ICHNIOWSK	(Include pregnancy within 3 months of death)	Underline th
13. Birthplace Poland	Major findings: Of operations	cause to which
2		death should be
14. Maiden Name Poland	Of autopsy Coronary sclusses.	tically.
15. Birthplace Records	22. If death was due to external causes, fill in the	ne following:
0 a morrian	(a) Accident, suicide, or homicide	
(b) Address	(b) Date of occurrence	• •
7 a Gurial or mation, or removal Date therea month) (day)	(c) Where did injury occur? (City or town)	(County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, indus	work?
Location Burney	place? (Specify type of place)	
8 (a) Funeral direction	(e) Means of injury	Yest.
(b) Address / 930 Casty C	23. Signature	14.14
00 10 10 10 0x 4 4 1/11 ans	Address V. H- Hosp . Da	te signed / 41
Thek hard by harderer) have they		

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street uddress 229 & Regester &	a State MA. (b) County	
(c) Hospital or institution:	(c) City or town Ballingel	Fine town)
d Length of stay in hospital or inst. (yrs., mos., or days)	rd Street No. 229 D. Pegestes	54
(c) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	years
o FULL NAME then Kucz arolci		
3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 11 4h 1939 at 3	5 30. 5 A.M
Malo white Married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that ed deceased from May 19 19, 39, to Nec. 7	1939.
Name of huaband or wild are a fire a de	and that I last saw him alive on Dec. 720 1939	
Birth date of deceased (mo., day, yr.) June 24,1865	Immediate cause of death failure D	Duration
AGE: Years Months Days If less than one day hr. min.	Due to Coronary 3 clerosis /	1/2415.
Birthplace o loyel		
0. Usual Occupation Hol Seleman	Due to Semile Vateriosclerosing	
1. Industry or business	Other Conditions Orthoposea. L	yr.
12. Name gracy Kucz austij	dependent bederna	YSICIAN
13. Birthplace Polacia	Major findings:	derline the
14. Maiden Name Uonic	Of operationa Call	to which
15. Birthplace Polacel		ged status-
6 (a) Informant trances tugarski	22. If death was due to external causes, fill in the following	g:
(b) Address 229 & Reguster 84	(a) Accident, nuicide, or homicide	
7 a Burial cremation, or removal), (Burial cremation, or removal), (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery or crematory HT Cosary	(d) Did injury occur about home, on farm, industrial place,	in public
Location Dilliman	place? While at work?	
8 a Funeral director red W Oz gazunki	(Specify type of place)	
(b) Address 1930 Caster D XIVE.	23. Signature Joseph Droz L	
9 a manged a by manager b) to the first flagged that	Address 240 S. Ann St. Date signed 16	Ju/39

## F 63750

# CERTIFICATE OF DEATH 82 Registered No.

. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) State M.d. (b) County	
b) Street address 420 S. Annu Ste	12 1-	
c) Hospital or institution:	(c) City or town Salarmane (If outside city or town limits, write RURAI	, and give town)
	d Starto. 420 S. Ann	t
d) Length of stay in hospital or inst. (yrs., mos., or days)	h / If rural give location)	
e) Length of stay in Baltimore (yrs., mos., or days)	(1) If foreign born, how long in U. S. A.?	years
(a) FULL NAME	ski	
3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. nonle	20. DATE OF DEATH Necember 1/1939	
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
married married	ed deceased from Dec. 6 19 00 to Dec	
b Name of husband or wife trank Azymanshi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37.
6 (c) If alive, give age years		Duration
Birth date of decensed (mo., day, yr.) 1886	Levelral apoplety	1 mgc
AGE: Years Months Days If less than one day	6.0-1-07-10-	)
5-3 hr. min.	Due to The Transfer	
Bushales Toland	- Hyprania	
Tewn, county, and state?	Due to	
10. Usual Occupation Trouse horte	Od as Con Villian	
11. Industry or business At Storre	Other Conditions	BUVELEN
12. Name Martin Sastanahi	(Include pregnancy within 3 menths of death)	PHYSICIAN
13. Birthplace Island	Major findings:	1 nderline th
2	Of operations	is ath should b
14 Maiden Name	Of autopsy	harged tatis
15. Birthplace Journal	22. If death was due to external causes, fill in the fo	
16 a Informant 2 sante symanster	(a) Accident, suicide, or homicide	
1 Address 720 & amounte.	(h) Date of occurrence	
17 10 Burnal 16 Date thereof Dec. 14-3	(c) Where did injury occur?	
Burial cremation, or removal) (month) (day) (year)	(City or town)	
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	
Location Baltimare	place? (Speciffspe of place)	
18 a Funeral director I red It. Dageswiter	(e) Means of injury	
(1) Address 193. Castern avec.	23. Signature	M. D.
10 (A)	Address 200 v E Ratta Date sig	ned /2/1/2
(Date ver d by regularur) Registrar	Audiceo	1.13
183		

HEALTH DEPARTMENT	CITY OF BALTIMORE 63751
63751 CERTIFICATI	
1. PLACE OF DEATH	St. 3 Ward) Registered No
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 2434 May)	nos. da. How long in 1/2 S. If of foreign birth
2. FULL NAME WM 71Hle Sunth (Fun	man WM Titte If U. S. Veteran opecity WAR
2. FULL SAME STATES STATES	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I Sincle Married Widewed.	21. DATE OF DEATH (month, day, year) ) 2/9 , 1935
Male Coloud Widowed	22. I HEREBY CERTIFY, That I attended descented from
is. If married widowed, or divorced HI SHAND of (or) WIPE of	I last haw here, alive on 178, Death is said
DATE OF BIRTH (month day, year) act. 27, 1807	to have occurred on the date stated above, at S. In.  The principal cause of death and related causes of Date of creek
T. AGE Years Months Days If LESS then I day, hre.	importance were as follows:  Duto of creek  Multiplication 4
1 s Trade, profession, or particular	Maria
kind of work done, an spinner,	Other contributory causes of importance:
saw mill, bank, etc.  11. Total time (years)  10. Date deceased last worked at good in this	Other contributions contributed to a state of the state o
White Hall	Was an operation performed.
(State or country)	For what disease or injury?
11. NAME Clukmow	Name of operation
14. BIRTHPLACE (rity or town) Configurated (State or country)	What test confirmed diagnosis
15. MAIDEN NAME UNKNOWN	lowing: Accident, suicide, or homicide:  Date of injury
14. BIRTHPLACE (city or town) Unknown	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publi
1: INFORMANT MO. Mary H. Joyo	place appropriate and a second
IN BURIAL, CHEMATERN. OR HERCOTAL 12/12.	Manner of injury  Nature of injury
more mt. Calvary Date 1 24 12 100	24. Was disease or injury in any way related to occupation of deceased
11. UNDERTAKER THE SEG THE FOLIAND TO	18 majerity Rotty W.
20. PILED IN THE TOWN Philliam Miles	(Signed) (Address N / 3 9 W 4 H 4
0 1939	
EC 12 1939	

# BALTIMORE CITY HEALTH DEPARTMENT / Registered No.

3752 CERTIFICATE	E OF DEATH
PLACE OF DEATH: Baltimore City, Maryland Street address 500 W Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town  (If outside city or town limits, write RURAL and give town)
d) Length of stay in hospital or inst. (yrs., mos., or days)  () Length of stay in Baltimore (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.?
3 (a) FULL NAME  3 (b) Il veteran, name war  No. 2/7-03-755/  5. Color or race 6 (a) Single, married, widowed, or	20. DATE OF DEATH & Carale (N) 19 ) 7, at M  21. THEREBY CERTIFY. That I took charge of the remains described
Married Married  6 (b) Name of husband or wife Bertha  6 (c) If alive, give age years	obtained by said (Autopsy or Inquiry)  death on the day stated above.
7. Birth date of deceased mo., day, yr. 5/19/1887 8. AGE: Years Months Days If less than one day br. min	Immediate cause of death  Burns  Duration
9. Birthplace Dune Glorge & May 10. Usual Occupation Laborer 11. Industry or business Coal Co.	Other Conditions, Sepheletic a rtelies;
12. Name Punhfey Samoles 13. Birthplace 14. Maiden Name Sarah Involver 15. Birthplace 15. Birthplace	(Include pregnancy within the norths of desth)  Wajor findings:  Of operations  Of operations
16 (a) Informant Buch Samuel  (b) Address / 14 W. Hughs M  17 a Bunal (b) Date thereof /2-12-39  (month) (day) (year	Of autopsy  22. If death was due to external causes, fill in the following  (a) Accident, suicide, or homicide  (b) Date of occurrence
Location Back City Location David Location  18 (a) Funeral director David Location  18 (a) Address 108 W Money only 1	(c) Where did injury occur? 3 (City or town) (State of Did injury occur about home, on farm, industrial place, in put place?  (Specify spe of place)  (Means of injury)  (Specify spe of place)  (Means of injury)  (Medical Examiner)
19 (a) Hogstrar	Date sign 12/10/1

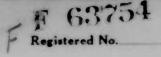
NSX .

## CERTIFICATE OF DEATH

Registered NO.3753

		OF DEATH	
		2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland 4940 Bastern Ave	nue	(a) State Maryland (b) County Baltimore	
Street address		(c) City or form outside city or town limits, write RURAL	and give town)
Hospital or institution: Baltimore City Hospita	als	(d) Short No. 2935 Bernard Street  (d) Short No. 2935 Bernard Street	
00 1 0 0	la v.	(d) Street No 11f rural give location)	
Length of stay in hospital or inst. (yrs., mo Length of stay in Baltimore (yrs., mos., or	Tife	(e) If foreign born, how long in U. S. A.?	years
a) FULL NAME Mary Gilmore		MEDICAL CERTIFICATION	
b) If veteran, name war	ocial Security Account	1939.	at 8 AM
Sex   5. Color or race   6 (a) Single, divorced.	married, widowed, or Married	21. I certify that death occurred on the date above stated ed deceased from they 8 19.38, to Mcc and that I last saw here alive on the last 19.39 and 19.39	
Aller	A. Gilmore	and that I last saw h. anve on.	Duration
h Name of nusband of 6 of If alive	e, give age years	Immediate cause of death  ) hyperturine condiovas cular disease	6 years
Birth date of deceased (mo., day, yr.)	oct. 26, 1896	Hypertrustrus Estates and and and	
Birth date of deceased inc. Cayy	fless than one day		
AGE: Teate Months	hr. min.	Due to	
4 4 43 Maryland			-
Birthplace Maryland (Town county Housewife	, and state)	Due to	-
0. Usual Occupation		Other Conditions	-
I. Industry or business Home		- 1	PHYSICIAN
William Blouse		(Include pregnancy within 3 months of death)	Underline the
Pennsylvania		Major findings: Of operations	cause to which
13 Birthplace Eliza Le	The state of the s		charged statis
a Marie		Of autopsy not dene	tically.
15. Birthplace	ind	22. If death was due to external causes, fill in the f	ollowing:
Deconde		(a) Accident, suicide, or homicide.	
6 a informant	ty Hospitals	(a) Accident, solicities, of the control of the con	
		7	unty) (State)
(Burial, cremation, or removal)	nereof Dec. 13 193 (month) (day) (year	- farm industria	
(Burial, cremation, or rematery St M	ary, Hampeder		ork?
	Sure.	place? (Specify type of place)	
Location Colones	H +Danava	(e) Means of ipido	
18 (a) Funeral director & henous	tout sue	22 Simolor Meragalfate	M. D.
(b) Address 2615-17	1- 1/11: 11:	Bella City House . Date	igned /2 -//- 3
PART OF TO A CONTRACTOR	Registrat	Address	
(Mac or Ux betterar)	++		

# CERTIFICATE OF DEATH 201 Registered No.



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State fled (b) County
(b) Street address	(c) City or town Ballewor
(e) Hospital or institution	(If out ide city or town limits, write RURAL and give town)
Moun Josp	10 Duckers 35 9 Chernut um
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(II for at Kite weather)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 1 FULL NAME Emest a. Justice	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION / 0 PM  20. DATE OF DEATH Secural 9 1939, at M
4. Sex 5. Color or race 6 4 Single, married, widowed, or	21. IHEREBY CERTIFY, That I took charge of the remains described
In who brigh	above, held an Aulty thereon and from the evidence
6 (b) Name of husband or wife	obtained by said
6 (c) If alive, give age years	tone death on the day stated above.
7. Birth date of deceased mo, day, yr Dic 1, 150 (843	
8 AGE: Years Months Days If less than one day	Immediate cause of death Duration
75460 109 hr. min.	n. I. sohe.
,	Due to Compression of special
9. Birthplace Mol, Tuwn, county, and state)	Due to Compression & spiral
10. Usual Occupation Rose.	Due to
11 Industry or Eusiness	Knowbral pherewous
12 Name Unknown	Other Conditions
	PHYSICIAN
13. Birthplace	(Include pregnancy within 3 months of death)
14 Maiden Name Unknown	Major findings:  Of operations  Underline the cause to which
15. Birthplace	death should be
16 (a) Informan Mother.	Of autopsy tically
16 Address 3519 Chartnuts Acre.	22. If death was due to external causes, fill in the following:
17 Burial 6 Date thereof Dec 12, 1939	(a) Accident, suicide, or homicide seculius
17 Date thereof the (month) (day) (year)	(b) Date of occurrence 4/13/39
Cemetery or crematory Balto Nutranal	(C) Where did injury occur? Lister Wyller State)
Location Frederick Old.	d Did miury occur about home, on farm, industrial place, in public
18 In Funeral director Chemical Solowowa.	place? Paulros While at work? Wo
1) Address of 5 17 Saksatient Juse.	( Means of injury tell to freight car
Address of the state of the sta	23. Signature Wall and Medical Examiner M.D.
19 (a) Chater d by registrari	Date signed ~ 1/239

## 63755

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



## Registered 63755

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D b Cau Mandand	(a) State Md (b) County	
b Street address Royne are t Sukeland	n nt	
	(c) City or town Bultunious Alf outside city or town limits, write RURAL	and give town
est Baltimar General Josep	all outside city of town limits, write RURAL	
	Waspreet No. 2030 / Justion	w.
d Length of stay in hospital or inst. (yrs., mos., or days)	1	
Length of stay in Baltimore (yrs., mos., or days) 45	(e) If foreign born, how long in U. S. A.? 45	years
7 01		
3 of FULL NAME Surah Chilster		
2 C 1 Commit Account	MEDICAL CERTIFICATION	. 0
3 (b) If veteran, name war	20. DATE OF DEATH Alecember 11, 1939.	, at 2:45 PM
	21. I certify that death occurred on the date above states	d: that lattend.
divorced 111 '-	ed deceased from Sept 28, 1939, to Live	611 1039
timble while	labella and the second	39.
6 (b) Name of husband or wife Touris	and that the bar in the	
6 (c) If alive, give age years	Immediate cause of geath	Duration ?
7. Birth date of deceased mo, day, yr / 1870	Diabetes melletus	years i.
8. AGE: Years Months Days If less than one day		
hr min.	Due to	
0		-
9. Birthplace Russid	Due to	
	0. 4.1.	
10. Usual Occupation 11. Industry or business Fourse Vigo	Other Conditions Dagrene (left by) - amputate	4
/ AM	Septema-materile sibolis	PHYSICIAN
= 12. Name May Caplar	(include pregninc polety presidenth)	
2 13 Burbplace Russia	Major findings:	Underline the
	Of operations	death should be
14 Maiden Name Celia Wolf	Of autopsy Not done	charged statis-
15. Berhplace Bushy	Or autopay 140.	The second second
Louis Chaler	22. If death was due to extern I causes, fill in the fo	Allow Edg
h Address 2030 Kullon ave	(a) Accident, suicide, or homicide	
Da 1 1010175137	b) Date of occurrence	
(month) day (ver)	(City or liwn) Chun	
Hebrew Washington Blu	Did injury occur about home, on farm, industrial	
(c) Cemetery or crematory tong.	while at wor	
Location De Puis An Property	Specify type of place	
18 (m) Funeral director Vol Junton Postos	(e) Means of injury R	
(b) Address 1824 - 26 W. North ave.	23. Signature & Shear,	w/s )
4 (4)	Address West Balls Gent Hop Date sig	ned 12/11/30
19 (a) Peristrar	Address Village sig	11/1
1 2 1333		

## BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH, 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: a) Baltimore City, Maryland (b) County (a) State b) Street address. c) Hospital or institution All outside city or town limits, write RURAL and give town) mixercity Hopital d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days e) Length of stay in Baltimore (yrs., mos., or days) Life (e) If foreign born, how long in U. S. A.? Josephine Butler MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 10 1939 ALZ P. M No. 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated; that I attenddivorced. ed deceased from Oct 20 1939, to Dic. 8 1939 and that I last saw h Er. alive on Dec. 8 1939 asphysia 6 (c) If alive, give age years Birth date of deceased (mo., day, yr.) aug 9, 1894 If less than one day Months Days Due to Blocked tracker tomy Marya Co. Due to inability to re-insert 0. Usual Occupation I. Industry or business Leone Washington PHYSICIAN (Include pregnancy within 3 months of death) Major findings: It Marys Co MA 13. Birthplace leath should be 14. Maiden Name Referen Lor charged statis-St. on 12 Co Md. tically. Of autopsy 15. Birthplace 22. If death was due to external causes, fill in the following: 6 (a) Informant Harry Printer (Son) (a) Accident, suicide, or homicide 235 8. almot are. (b) Date of occurrence (b) Date thereof Love 131939 (month) (day) (year) (c) Where did injury occur? (City or town) (c) Cometery or crematory mt. Culvary (d) Did injury occur about home, on farm, industrial place, in public Location Balting md. While at work? (Specify type of place) 18 (a) Funeral director Charles & Corfeel (e) Means of injury Akaltreider Jr (b) Address 514 N. Callown St. Date signed 12/18/37 Address thesesity Hop. sport boy'd by registered menter of the Millian Register soward & Maller , M. W. Lig Medical him

63758

## CERTIFICATE OF DEATH

Registered No.

2 HISTIAL RESIDENCE OF DECEASED:	
Citysor town (If out id city or town limit, write fit RA	Al. and give town?
25 N. 772 6 h. Charles	1
(If rural give le ation)	
(e) If foreign born, how long in U. S. A.?	years
10 1 1	X
n Jambrell	
	a hn
20. DATE OF DEATHLEMENT 1	. at the state of
21. IHEREBY CERTIFY, That took charge of the re	on the evidence
above, held an (Autory or In Fire)	on the contract
obtained by said . finil that said	I decensed came
when the day stated above	
	Duration
Pulmary whatever	0
/	
Due to	
Due to	
Other Conditions	
	PHYSICIAN
	Underline th
	ent t which
	dent hould b
of autopsy	treally
	following:
(a) Accident, nuicide, or homicide	
(b) Date of occurrence	
Where did injury occur? (City or town)	ounty) ("Inte
A Did injury occur about home, on farm, industr	work)
(c) Means of injury	M.
23. Signature Medica Exam	
Date signed/2/1/37	
	MEDICAL CERTIFICATION  20. DATE OF DEATHLEAGUE 197  21. IHEREBY CERTIFY, That hook charge of the reabove, held an Accordance of Inches of the reabove, held an Accordance of Inches of death Accordance of death Major findings:  Of autopsy  22. If death was due to external causes, fill in the Accordant, suicide, or homicide  (a) Accordant, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (City or town)

	~	-	(	1
П		,	4	7

## Lohmann BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63759 Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State (b) County	
Street address 3302 Fibboux ave Hospital or institution:	iff outside city or town limits.	and give town)
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeare
Length of stay in Baltimore (yrs., mos., or days Tife	1 (6) 11 1010 2	
FULL NAME adam Johnson	MEDICAL CERTIFICATION	
) If veteran, name war	20. DATE OF DEATH DEC. 9 1937.	
5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date and the	· 9 · 1989
b) Name of husband or wife Margaret de dehine	114	Duration
Birth date of deceased mo., day, yr. DEC 18, 1856	Luamia -	
AGE: Years Months Days If less than one day  AGE: AGE: Years Months Days If less than one day  AGE: Months Days If less than one day  AGE: Months Days If less than one day	Due to Turnalized autures & church	· www
Birthplace Matters Town, county, and state.	Due to authal autimo selver i'e	
1. Industry or busing as A	Other Conditions	PHYSICIA
12. Naise John Lohmann	Major findings:	t nderline t
13 Fireholace Segregary Sinter	Of operations Name	leath should
14. Maiden Name Jophia V Juille	Of autopsy	Collegener
15. Birthplace Carrie al Schmid	22. If death was due to external causes, fill in the	iono w mg.
3212 dibbout as	h) Date of occurrence	
17 (a) Surial (b) Date thereof 12-12-3 (month) (day) (yes	(c) Where did injury occur? (City or town) (Co	nl place, in pu
(c) Cemetery or crematory Sallimore Location Sallimore	place? (Specify type of place)	ork?
18 (a) Funeral director fredericking	(e) Means of injury B. Boyle .	M. D.
Address 300 W. Louliara	Address 530 Q. Haylad R.D. Date	eigned this

morrie Sant BALTIMORE CITY HE TH DEPARTMENT 3760 CERTIFICATE OF DEATH 370591 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: 1) Baltimore City, Maryland b) Street address Hospital or institution: JUNES HUTLING BUSFILL d) Length of stay in hospital or inst. (yrs., mos., or days) 15da (e) If foreign born, how long in U. S. A.? e) Length of stay in Baltimore (yrs., mos., or days) (a) FULL NAME MEDICAL CERTIFICATION 20. DATE OF DEATH LOCK, 11, 1939. and 7. M (b) If veteran, name was 21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or ed deceased from how 26 1939. 10 Wee 11 1939. 5. Color or race divorced. and that I last saw h malive on Wie 11, 19 39 16 Name of husband or wife Rebecca BLOOM 70 Immediate cause of death 2 wks 6 c If alive, give age 41 years Birth date of deceased mo., day, yr. Dec 28 If less than one day Months Days Due to Birthplace 0. Usual Occupation Other Conditions PHYSICIAN 1. Industry or business (Include pregnancy within 3 months of death) Underline the Major findings: 12. Name ause to which Of operations death should be 13. Birthplace harged statis-Of autopsy Confirmed above 14. Maiden Name 22. If death was due to external causes, fill in the following: 15. Birthplace (a) Accident, suicide, or homicide 6 (a) Informant (b) Date of occurrence (b) Address b) Date thereof Dec 12 - 39 (c) Where did injury occur? 7 a Burial (City or town) (month) (day) (year) (d) Did injury occur about home, on farm, industrial place, in public Jacksonille While at work? (c) Cemetery or crematory (Specify type of place) 8 (a) Funeral director

VS 3

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

F 63761

Registered No.

CERTIFICAT	E OF DEATH V	
	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	(a) State Manyland County	
Baltimore City, Maryland	(a) State / (1) Com	
• 5	(c) City or town Baltimure	and give town)
Hospital or institution:	1506 9 (inc.	St
Street address Hospital or institution: Proviolent Happital  22	& Street No. 1506 Vinle	
Length of stay in hospital or inst. (year, mos., or days) 22		years
Length of stay in the stay most of days)	(2) If foreign born, how long in U. S. A.?	
Length of stay in Baltimore (yrs., mos., or days)	++0	
a) FULL NAME Martha Eller Ma	MEDICAL CERTIFICATION	
b) If veteran, name war 3 (c) Social Security Accour	December 10. 1937	. at 1:30 M
No.	or 21. I certify that death occurred on the date above state	d; that lattend-
Sex   5. Color or race   6 (a) Single, married, widowed,	16	
. Chul Thanver		3.7.
Churchard or will Belinard Malinetts	and that rest of death	Deration 9
	1 Diabetic In fection of Diabetic In fections	11-12-21
Birth date of deceased (mo., day, yr.) May 10-18 8	L Right hand and Fire ar	74
ACE, Years Months Days	Due to	-
ro 1 1 hr	Infection + Diabetes	
Birthplace Baltimure Co Marylan	Due to	
10. Usual Occupation House Wife		
	Other Conditions	PHYSICIAN
	(include pregnancy within 3 months of death)	and the same of
12. Name John Dugsy Manha		Underline the
13. Birthose Howard to Marylan	Major findingo: Diabetes	death should be
Cail Condient		charged statis
14. Maiden Nameligere Gardier	Of autopsy	
15. Dirinplace	77. If death was due to extend	
16 (a) Informant Lucy Greent Street	(a) Accident, suicide, or homicide	
(b) Address /50/16 Ume such	10 (b) Date of occurrence	~00 0m0 · ·
17 (a Bunal (b) Date thereof / 2 14 (month) (day)	(c) Where did injury occur? (City or town) (C	ounty) (State)
(Burial, cremation, or remodelle, 1	(d) Did injury occur about home, on farm, industr	nork?
(c) Cemetery or crematory William than the	co place? (Specify type of place)	
Location old Infaura Colevely	(e) Means of injury 27 11 (20)	Mr.
18 (a) Funeral director College Gotte	to a normanital	M. D.
MAddress 4 88 N N Mus agues	23. Signature Coffee Date	signed 1 4/10
The to the to Milliante the	Address A 17 House	- 1
19 (1) [ 3 0	THE THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF	

VS 3

CERTIFICATE	OF DEATH	
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:	(a) State M). (b) County	
Street address 1314 W Lewel St	a) State	
Street address 1314 W amman	(c) City or town Gutside city or town limits, write RUR.	AL and give town)
Hospital or institution:	THE OUTSIDE CITY OF A	1
	Id Street No. 1314 W Laurale	)
Length of stay in hospital or inst. (yrs., mos., or days)	The state of the s	years
Length of stay in notice	(e) If foreign born, how long in U. S. A.?	
Length of stay in Baltimore (yrs., mos., or days)		
FULL NAME Margaret Watson	MEDICAL CERTIFICATION	
Margara Varial Security Account	MEDICAL CERTIFICATION 3	4. at 11 A.M
) If veteran, name was	THE OF BEATH	
6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above at	w 9 1939.
divorced. Marrel	16	
Femile Con Water	and that I last saw h and aline on Love 9	Dwation
b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death	1 6 most
	Generalized Concernations	
Birth date of deceased (mo., day, yr.) Not 22 1847	The distribution of the state o	- 34 mg
AGE: Years Months	Due to	
42 - 1	autostació to Bone ma	J 6 mos
Birthplace But (Town, county, and state)	Dug to Muselins Williams	
(10wh, county, out	Bushing program	
). Usual Occupation	Other Conditions	PHYSICIAN
. Industry or business	(Include pregnancy within 8 months of death)	and the same of th
12. Name Wm. Jours	Major findings:	Underline the
13. Birthplace	Of operations	death should charged state
a Mullell	none	tically.
14. Maiden 1 min	Of autopey	he following:
15. Birthplace (Machine)	22. If death was due to external causes, fill in the	
6 (a) Informant Wm Warm (month)	(a) Accident, suicide, or homicide	*40000000
(b) Address 1314 W Lune 10 - 12/25	(b) Date of occurrence	
7 (a) Bural (b) Date thereof (month) (day) (ye	r) (c) Where did injury occur	(County) (State
(Burlai, cremation, or remova	(d) Did injury occur about home, on farm, indu	miles place, in pac
(e) Cemetery or crematory	made -	( WOTE !
Location Lando - Turum	Breelly type of party.	
18 (a) Funeral director Colory W Walter	(e) Means of injury Kalph .	Juny
	23. Signature	1. 0.2.8
(b) Address to la liable M	Address 1429 8 Min dinens De	ite signed   ~
19 (a) Hote rec'd by Frighters?)	Address	

## BALTIMORE CITY HEALTH DEPARTMENT

F 63763

2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: a) Baltimore City, Maryland (c) City or town c) Hospital or institution d) Length of stay in hospital or inst. (yrs., mos., or days) (e) If foreign born, how long in U. S. A.? e) Length of stay in Baltimore (yra., mos., or days) (a) FULL NAME MEDICAL CERTIFICATION 3 (c) Social Security Account (b) If veteran, name war 1939 M.T. J. M 20. DATE OF DEATH No. 21. I certify that death occurred on the date above stated; that I attend-6 (a) Single, married, widowed, or 5. Color or race ed deceased from Sept : 27 1939, to Rec. 10 1939. divorced. Lemube Land that I last saw his alive on Llac. 9 th 1939 Dwaties 6 (c) If alive, give age Birth date of deceased (mo., day, yr) USUL 6, Months Due to 0. Usual Occupation Other Conditions 1. Industry or business (Include pregnancy within 3 months of death) Underline the Major findings: cause to which 13. Birthplace Of operations. death should be charged statis-14. Maiden Name Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence. (e) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? place? (Specify type of place) (+) Means of injury

CERTIFICATE OF DEATH	Registered No.
Lon one 2. USUAL RESIDENCE OF DEC	County  Write RURAL and give town)
12 (	
20. DATE OF DEATH LL  20. DATE OF DEATH LL  21. IHEREBY CERTIFY.  above, held an  (Autopsy)  obtained by said	That Itook charge of the remains described by
If less than one day  hr min  Due to Branchs	wiel wywy
Due to	
Major findings: Of operations	PHYSICIAN Underline to who death should charged state
thereof /2/8/39 (month) (day) (year) (b) Date of occurrence  Wilese did injury of	r homicide of a doubt
	CERTIFICATE OF DEATH  2. USUAL RESIDENCE OF DEC  (a) State MCA  (b) City of town  (b) State MCA  (c) City of town  (days)  (days)  (e) If foreign born, how lon  MEDICA  20. DATE OF DEATH  (a) State MCA  (b)  (c) City of town  (life out identify of the count  (a) State MCA  (b)  (c) City of town  (life out identify of the count  (a) State MCA  (b)  (c) City of town  (life out identify of the count  (a) State MCA  (b)  (c) City of town  (life out identify of the count  (a) DATE OF DEATH  (b)  (b) DATE OF DEATH  (c) City of town  (life out identify of the count  (a) DATE OF DEATH  (b)  (b) DATE OF DEATH  (c) City of town  (life out identify of the count  (a) Date of death  (b)  (c) City of town  (life out identify of the count  (a) Date of occurrence  (b) Date of occurrence  (c) USUAL RESIDENCE OF DECATH  (d)  (d) Date of occurrence

63765

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63765

CERTIFICATE OF DEATH

1. PLACE	OF DEATH	1135. 00	ONKLING S	T St 26 Ward) a ho	death occurred in apital or institution.
				of st	rect and number.)
Length of res	NAME MICHAE	where death occ		mesds. How long in U. S. If of foreign birth?  1f U. S. Vet specify WA	eran
2. FULL	NAME			800000000000000000000000000000000000000	
(a) Re	sidence: No. 113	S. CUI	RLING ST	St.,Ward	y or town and State)
	(UR	int hince or now		MEDICAL CERTIFICATE OF	
PERSON	AL AND STATIST				
s. SEX	4. Color or Ruce	or Diseased	write the word)	21. DATE OF DEATH (month, day, year) DE 22. I HEREBY CERTIFY, That I at	tended deceased from
MALE	WHITE	I.ARR	133	Lee wher 3, 19.49, we wile	enter 1925
Sa. If married HUSBAN (or) Wil-	widowed, or divorced D of MARY RE	YNOLDS		I last saw hand alive on December 10	1939. Death is said
		. DEC.	11-1872	to have occurred on the date stated above, assured	Account to the last of the las
AGE	Years   Months	Days	If LESS than	The principal rause of death and related causes of importance were as follows:	Date of enset
i, AGE	66 11	29	1 day,hrs.	Chronic Myneards he	
1	00   ==		CIT socialFilliano	The vie Intestinal Obstruct	
k.nd e	profession, or particular f work done, as spinner,	OREMEN	TAL 4	5.966*60000000000000000000000000000000000	***************************************
9. Industr	y or business in which	IRON WO	RKER A	97 a to 0 and 10000-100-100-100-1000-1000-100-100-100	
SI NAW T	was done, as silk mill, will, bonk, etc.	Annual Control of the	ime (years)	Other contributory causes of importance:	
8 10. Date de	cenned inst worked at ecupation (month and	Bitet	t in this	The total water and the state of the state o	
year)		BALTIMOF			
12. BIRTHPL	ACI. (city or town)	T) English Townson		Was an operation performed? Date of-	
-1	TOU. I	PEVNOLDS		For what discuss or lajury?	
11. NAMI	E I JII II	IREL/		Name of operation	
E IL BIRT	RPLACE (elty or town)	INCL	II D	What test confirmed diagnosis? Was the 23. If death was due to external causes (violet	iere an autopsy?
	nte or country)	T1777 TT 43	TACAN	lowing: Accident, suicide, or homicide?	injury 19
E IS. MAID	DEN NAME KATHER				
15. MAID	HPLACE (sity or town	IRELA	D	Where did injury occur? (Specify rity or to	own, county, and State)
2 (86	ALBERT R			Specify whether injury occurred in industry,	in mone, or in passe
17. INFORM	ANT AL KI K			place	
(Addre	··) 113 S. CC		ST.	Manner of Injury	
18. BURIAL	CREMATION, OR RES	MOVAL	ייים איי	Nature of injury	
Place	CAK LAWN	Date	10.	24. Was disease or injury in any way related to	occupation of deceased?
	Zilly+	Leiler	ING.	If so, specify.	
18. UNDER	2012 57	LFE ST.		(Stone) John Joseph	wine , M. D.
na grat tra	. 19	414		- (Address) 2/1 S. Contale	no street
20. FILED	0.1000	The state of the s	AND PAGE	(Allered)	0
		71			

## 63766

VEG

# CERTIFICATE OF DEATH

	1	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
D. L. C. Maryland	(a) State ful (b) County Ball	- Wall
Street address 3608 - 5th ff Brookly Hospital or institution:	(c) Gry or Wn Roshlyn, Political Control of the RURA (If outside city or town limits, write RURA) Sheet No. 3608 - 552 24 (If rural give location)	L and give town)
	1 Preet No. 3608 - 52 4+	
Length of stay in hospital or inst. yrs., mos., or days		_
Length of stay in Baltimore (yra, mos, or days) / 740	(e) If foreign born, how long in U. S. A.?	years
FULL NAME JOSEPH S LOWE	ERY	
(h) It veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	1015
ho No ho	20. DATE OF DEATH December 11 1933	
Sex 5. Color or race 6 a Single, married, widowed, or divorced have	thereon and from	om the evidence
16 Name of husband or wife Sally University	obtained by said (Autopsy or Inquiry) find that said	
Name of husband of wife 6 o If alive, give age years	to death on the day stated above.	
Birth date of deceased mo, day, yr lift 19, 1880	to geath on the day states and	Duration
AGE: Years Months Days If less than one day	Immediate cause of death	Daration
59 2 22 hr min	Cornery transposes	
Berthplace Jallot Co. hal.	Due to	
10. Usual Occupation Retried - total	Due to	
12. Name W	Other Conditions	-
13 Birthplace Balture, had	(Include program y within 3 months of death)	PHYSICIAN
x al . h Cometa	Major findings:	Und rline the
14 Maiden Name alice in Compa	Of operations	cau to which death should be
15. Berthplace Baltimore		charged statis-
16 (a) Interment alangeter, have C Bresht	Of autopsy	
M Address 500 Jaffery St.	22. If Gentili was put to	
17 Dural Date thereof Dec 13, 1936 (month) (day) (year	a Accident, suicide, or homicide	
Commence & creating Bedon 96	Cill c Where did injury occur? (City or town) (C	ounty (State
A. M. ha Wad	d Did injury occur about home, on farm, industri	nal place, in public
Location A Orallul & Mus	place? (Specify type of place) While at w	vork?
18 (a) Funetal director A. Baurya of flow	(e) Means of injury	
DF Addies / 4 2 51 16 have Milianus Miles	23. Signature 7+ & Willem Medical Exami	M.D
Registrar	Date signed Dec 11, 1839	

F 63767

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V97

WRegistered No.

Baltimore City, Maryland Street address 5.36 Hospital or institution:  Length of stay in bospital or inst. (yrs., mos., or days)  Length of stay in bospital or inst.  Length of stay in bospital or inst.  Length of stay in bospital or inst.  Street No.  (If rural give location)			
Bakimore City, Maryland Street addreed 3 5 3 6 Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Street No.  (If rural give headson)  (If foreign both, how long in U. S. A?  MEDICAL CERTIFICATION  No.  DATE OF DEATH Core 10 3 9, at C. F.  21. Lecrify that death occurred on the date above stared; that lattened deceased from May 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, to 92.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lend eave alive on Total 19.39, and that I lend eave alive on Total 19.39, and that I lent eaw but alive on Total 19.39, and that I lend eave alive on Total 19.39, and that I lend eave alive on Total 19.39, and that I lend eave alive on Total 19.39, and t	PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	THE STATE OF
Street address 3 5 3 6  Hospital or institution:    Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in Baltimore (yrs., mos., or days)     Length of stay in Baltimore (yrs., mos., or days)     Length of stay in Baltimore (yrs., mos., or days)     Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in hospital or inst		(b) County.	
Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in Baltimore (yrs., mos		U) State	
Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in hospital or inst. (yrs., mos., or days)     Length of stay in Baltimore (yrs., mos., or days)     Length of stay in Baltimore (yrs., mos., or days)     If foreign born, how long in U. S. A?     Year     If foreign born, how long in U. S. A?     If or in Baltimore (yrs., mos., or days)     If or in Baltimore (yrs., mos., or days)     In Baltimore (yrs., mos., or days)     In Baltimore (yrs., mos., or days)     If or in Baltimore (yrs., mos., or days)     In Baltimore (yrs., mos., or days)     If or in Baltimore (yrs., mos., or days)     In Baltimore (yrs., mos., or days)     If or in Baltimore (yrs., mos., or days)     If or in Baltimore (yrs., mos., or days)     In Baltimore (yrs., mos., or days)     If or in Baltimore (yrs.	Street address J J 6	(c Cityor town	and give town)
Length of stay in hospital or inst. (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   Length of stay in Baltimore (yrs., mos., or days)   (e) If foreign born, how long in U. S. A.?   year	Hospital or institution:	ilf out ide city or lown limits, write he had	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.? year  MEDICAL CERTIFICATION  No.  Sex S. Color or race of (d. Single, married, widowed, or divorced)  MEDICAL CERTIFICATION  No.  Date of DEATH well to 1939, at 67, which is the start of the date above started; that last energy and that I last saw what we on the date above started; that last saw what we on the same of the started of the sta			
Length of siny in Baltimore (yra, mos., or days)  (e) If foreign born, how long in U.S. A.P.  MEDICAL CERTIFICATION  10 Social Security Account  No.  Sex  5. Color or race  6 (a) Single, married, widowed, or divorced.  11 Lertify that death occurred on the date above stated; that Lattend deceased from the date above stated; that Lattend Col., Valley, Leavet death.  Due to  Other Conditions  11 (Outside pregnancy within 3 months of death)  Due to  Other Conditions  12. Name  13. Birthplace  Other Conditions  14. Maiden Name  15. Birthplace  Of particular pregnancy within 3 months of death  Major findings:  Of operations  Of cautops  15. Birthplace  Other Conditions  Other Condit	the state of the s	(If rural give location)	
Length of stay in Battimore 1/18, most of security Adcount   No.		(a) If foreign born, how long in U. S. A.?	years
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MEDICAL CERTIFICATION  Sex  5. Color or race 6 (a) Simple, nuarried, widowed, or divorced.  White decreased from Arg. 1939, to Trees 1939  b) Name of husband or wite function of the life slive, give age years  b) Name of husband or wite function of the life slive, give age years  b) Name of husband or wite function of the life slive, give age years  c) Birth date of deceased mo. day, yr.)  b) He see than one day  b) I less than one day  b) I less than one day  b) Due to  Other Conditions  12. Name  Other Conditions  13. Birthplace  Of autopsy  14. Maiden Name  15. Birthplace  Of autopsy  16. (a) Informetal and autopsy (month) (assy) (year)  (b) Address  17. (a) Informetal and autopsy (month) (assy) (year)  (c) Cemetery or crematory  (d) Accident, suicide, or homicide  (d) Accident, suicide, or homicide  (d) Date of occurrence.  (e) Where did injury occur about home, on farm, industrial place, in pulpace?  (e) Means of injury  18. (a) Funeral director  (b) Address  (c) Means of injury  23. Signature  70. DATE OF DEATH  20. DATE OF DEATH  21. I certify that death occurred on the date above stated; that I attended deceased from Arg. 1939  and that I last saw but alive on Rocal 1939  1939  10. College of the life above stated; that I attended deceased from Arg. 1939  10. DATE OF DEATH  21. I certify that death occurred on the date above stated; that I attended and the last above sta	OF FULL NAME OF 9 11 29 18		
Sex 5, Color or race 6 (a) Sincle, matried, widowed, or divorced. What I last saw but alive on the date above stated; that I lattened to deceased from II lattened to the date above stated; that I lattened to deceased from II lattened to the date above stated; that I lattened to deceased from II lattened to the date above stated; that I lattened to deceased from II lattened to the date above stated; that I lattened to deceased from II lattened to deceased from II lattened to decease the deceased from II lattened to decease determing the deceased from II lattened to decease determing to the date above stated to d	Tool Olive Lange	MEDICAL CERTIFICATION	
21. Lectify that death occurred on the date above stated; that lattened divorced.  What divorced.  While at work?	b If veteran, name war 3 c Social Security Account	1 29	6P M
b) Name of husband or wite Liver of Stripters  (b) Name of husband or wite Liver of Stripters  (c) Birth date of deceased mo., day, yr.)  (c) Birthplace  (d) Days  (d) Hess than one day  (d) Due to  (d) Usual Occupation  (e) Lindude pregnancy within 3 months of death)  (holude pregnancy wit	No.	Au. Date of Danie	
b) Name of husband or wite Liver of Stripters  (b) Name of husband or wite Liver of Stripters  (c) Birth date of deceased mo., day, yr.)  (c) Birthplace  (d) Days  (d) Hess than one day  (d) Due to  (d) Usual Occupation  (e) Lindude pregnancy within 3 months of death)  (holude pregnancy wit	Sex 5. Color or race 6 a Single, married, widowed, or	21. I certify that death occurred on the date above stated	that lattend-
and that I hast saw both alive on the first of the slive, give age years of the slive of deceased mo. day, yr.)  Birth date of deceased mo. day mo. day deceased fill in the following:  Cof pertains and that I hast saw but a late of the cause of death cause o	me of divorced. Widow	11 and from and 1934, to The	10 193/
Birth date of deceased mo, day, yr.  Birth date of deceased mo, day, yr.  Birth date of deceased mo, day, yr.  Birthplace  Due to  Due to  Other Conditions  PHYSICIA  Line and pregnancy within 3 menths of death)  Major findings:  Of operations  Of autopsy  14. Maiden Name and pregnancy within 3 menths of death)  Birthplace  Town, county, and state;  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Cemetery or crematory of months (month) (most) (year)  (c) Cemetery or crematory of months (month) (most) (year)  (d) Major findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in put place?  (specify types of the place)  While at work?  (e) Means of injury  23. Signature  While at work?	male Thister		37.
Birth date of deceased mo, day, yr.  AGE: Years Months Days If less than one day br.  Due to  Due to  Other Conditions  12. Name  Other Conditions  Other Conditions  Other Conditions  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Informatic for the conditions  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date thereof (month) (as) (year)  (c) Cemetery or crematory of county for town)  (c) Cemetery or crematory of county for town)  (c) Cemetery or crematory of county for town)  (d) Address  (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Means of injury  (h) Address  A	h Name of husband of wife		Duration
AGE: Years Months Days If less than one day    Due to	o c It alive, give age	al. 1-les beaut disass.	Cours,
Due to  Due to  Due to  Due to  Other Conditions  Checker of the county, and states  Other Conditions  Checker of the county of	Buth date of deceased mo, day, vr	ca, vacci	1
Due to  Other Conditions  PHYSICIA  Underline  (Include pregnancy within 3 menths of death)  Major findings: Of operations  Of autopsy  14. Maiden Name  Of autopsy  15. Birthplace  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (b) Date of occurrence. (c) Where did injury occur? (c) Where did injury occur? (c) Where did injury occur? (c) Where did injury occurs about home, on farm, industrial place, in pur place?  (a) Address  Of Means of injury  Specify type  While at work?  (b) Address  Of Means of injury  23. Signature  Control of Means of injury  Control of Means of Inju	16 less than one day		
Other Conditions  (Include presented within 3 menths of death)  (Include presented within 3 menths of death within 3 menths of deat	m /h / / / / / / / / / / / / / / / / / /	Due to	
Other Conditions  (Include presented within 3 menths of death)  (Include presented within 3 menths of death within 3 menths of deat	to the and		
Other Conditions  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. a) Information or removal.  (a) Address  Date thereof (month) (abs) (year)  (c) Cemetery or crematory of Address  Date thereof (month) (abs) (year)  (d) Did injury occur about home, on farm, industrial place, in purpless of Address  (a) Address  Did injury occur about home, on farm, industrial place, in purpless  (b) Address  Did injury occur about home, on farm, industrial place, in purpless  (c) Means of injury  (d) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (g) Means of injury  (h) Address  Address  Address  Date of occurrence.  (g) Means of injury  (h) Address  (h) Address  Address  Date of occurrence.  (g) Means of injury  (h) Address  (h) Address  Address  Date of occurrence.  (g) Means of injury  (h) Address  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (g) Means of injury  (h) Address  Date of occurrence.  (h) Did injury occur about home, on farm, industrial place, in purpless of the purpless	Birthplace (Town, county, and tale)	Due to	
12. Name  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. a Informetic  b Address  17. a  (Burial, remation, or removal)  Cemetery or crematory  18. a Funeral directo  b Address  18. a Funeral directo  c Address  18. a Funeral directo  b Address  19. a County  Coun	NV.		
12. Name  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. a) Informetic  16. b) Address  17. a  18. The control of the control		Other Conditions	
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14. Maiden Name  15. Birthplace  16. a) Information  17. a)  (Burial, remation, or removal)  (Cemetery or crematory)  18. a) Funeral director  (b) Address  (c) Means of injury  (d) Means of injury  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address  (h) Addre	12. Name O VNEW		Underline the
15. Birthplace  16 (a) Informetal Control (a) Address of County (county)  17 (a) (Burial, remation, or removal (month) (lass) (year)  (c) Cemetery or crematory of Mary County (a) Did injury occur about home, on farm, industrial place, in put Location  18 (a) Funeral director (Specify type (Speci	13 Birthplace not Russia		enune to which
15. Birthplace  16 (a) Informetia (b) Date thereof (month) (lass) (year)  (c) Cemetery or crematory of Mary (c) Cemetery or crematory (c) Mary (c) Did injury occur about home, on farm, industrial place, in pur place?  (a) Address (b) Date thereof (month) (lass) (year)  (b) Cemetery or crematory (c) Mary (c) Did injury occur about home, on farm, industrial place, in pur place?  (c) Means of injury (d) Means of injury (e) Means of injury (f) Means of injury (f) Signature.  (d) Means of injury (f) Address (f) Means of injury (f) Means	7/4 + 4		charg d statis
22. If death was due to external causes, fill in the following:  16 (a) Information of Country (a) Accident, suicide, or homicide  (b) Date thereof (month) (loss) (year)  (c) Where did injury occur? (City or town) (County) (State of Country)  (c) Cemetery or crematory of the country of Did injury occur about home, on farm, industrial place, in purple of Country (Specify types)  (a) Accident, suicide, or homicide  (b) Date of occurrence	14. Maiden Name	Of autoney	
17 (a) Burial, remation, or removal.  (b) Date thereof (month) (last) (year)  (c) Where did injury occur?  (d) Where did injury occur?  (e) Where did injury occur?  (fits or town) (County) (State of the place) (Specify type of the place)  (e) Means of injury  (fits or town) (County) (State of the place)  (g) Means of injury  (h) Address  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in pure place?  (e) Means of injury  (fits or town) (County) (State of the place)  (g) Means of injury  (h) Address  (h) Address  (h) Accident, suicide, or homicide  (h) Date of occurrence.  (c) Where did injury occur?  (d) Means of injury  (e) Means of injury  (fits or town) (County) (State of the place)  (g) Specify type of the place of the		- Value of actional causes fill in the fo	llowing:
(a) Accident, suicide, or nomicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Occupation, or removate the thereof (month) (tasy) (year)  (e) Where did injury occur about home, on farm, industrial place, in purple of the place?  (f) Did injury occur about home, on farm, industrial place, in purple occurrence  (g) Did injury occur about home, on farm, industrial place, in purple occurrence  (g) Did injury occur about home, on farm, industrial place, in purple occurrence  (g) Means of injury (h) Address occurrence  (h) Date of occurrence  (c) Where did injury occur?  (d) Means of injury (h) Address occurrence  (e) Means of injury (h) Address occurrence  (e) Means of injury (h) Address occurrence  (e) Means of injury (h) Address occurrence	- In all I al neker	22. It death was due to external cados	
17 (a) (Burial, remation, or removal)  (City or town) (County) (State of Cemetery or crematory)  (County) (State of County) (City or town) (County) (State of Cemetery or crematory)  (City or town) (County) (State of Cemetery or crematory)  (Specify type of Cemetery or Cemetery or Crematory)  (Elization (City or town) (County) (State of Cemetery or crematory)  (Specify type of Cemetery or	16 a Information		
Cemetery or crematory of Mary a Country Did injury occur about home, on farm, industrial place, in purple of Cemetery or crematory of Mary and Country Did injury occur about home, on farm, industrial place, in purple of Cemetery or crematory of Mary and Cemetery or crematory of Cemetery or crematory of Cemetery or crematory of Cemetery or			
Cemetery or crematory of Mary & Quella (3) Did injury occur about home, on farm, industrial place, in purple of the Location While at work?  Location Specify type  (e) Means of injury  Address  23. Signature  23. Signature  24. Cleanly type  24. Address  24. Cleanly type  25. Signature  26. Means of injury  26. Means of injury  27. Signature  28. Signature  29. Ovolic Cleanly type  29. Signature  20. Ovolic Cleanly type  29. Signature  20. Signature  2	17 a b Date thereof (month) (day) (year)	(Cou	nty) (State)
Location While at work?  Location Surface Surface (Specify type 1)  (a) Funeral director Surface Surface Signature (b) Address Signature (c) Means of injury (	Sit man a Que	Like Did injury occur about home, on farm, industrial	place, in publi
Location	c Cemetery or crematory	While at wor	rk?
Address 539 Falls (2006) 23, Signature 2020Uc Clearless Good 3/2	Location Location	(Specify type	10/
Address Salle factor Miliams, M. A. 23. Signature 23. Signature 2020Uc Clearly Coned The	18 a Funeral director 1. X Wars nach f	··· (e) Means of injury	XX
2019 1939 the truster Miliams, M. F. roroll Cleaneste Greed 70	The Hall I work	23. Signature	1 4.6.
19 w Address Address	6 Address 10/9 H + + HII!	MAR 70904 Charles	aned Mily
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	19 pt ( Warding) Thanking the Banking	Address	1/1
Chipte ise a by registering	Utibe red by registrary		/

VS 3

# BALTIMORE CITY HEALTH DEPARTMENT A Registered No.

CERTIFIC	ATE OF DEATHV/0/	
	THE OF DECEASED.	
LACE OF DEATH: Franklen Square Has	J. + (a) State Maryland b) Sounty.	
Baltimore City, Maryland	1 (a) State //auguany (1) Sound	
In well + Calhoun	(c) City or swin. Saltenere RUR	AL and give town)
Baltimore City, Maryland Street address Faccella + Calhoun	(c) City of Jown (If outside city or town limits, write RUR	+ 1100
Hospital or institutions	Tal 3253 Chesenu	Luce
Hospital or institutions Square hasp	days (d) Speed No. 3 25 3 Chestrue	1)
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yra., mos., or days)		
a) FULL NAME Krout	THE STATION	:+
Social Security Ac	count MEDICAL CERTIFICATION	39 - 12 mm
1 1 veteran, name	20. DATE OF DEATH NEC 10 - 19	1 1 - Levend
1 170.		tated; that lattered
Sex 5. Color or race 6 (a) Single, married, widow divorced.		
a lithite a	Land shue on .	19 37.
b Name of husband or wife fry dura nowe	and that I last saw in	Duration
b) Name of husband or wife 6 (c) If alive, give age	years   Immediate cause of death	
	861	
Birth date of deceased (mo., day, yr.)   1   2   3 - 1	ay 1) al Que emo	xa
AGE: Years Months Days	min. Due to Broncho preumo	
17 // / / hr.	T 0	u
Bretimere, Mary	Due to Lesgeratory	(8)
Birthplace (Town, county, and state)	cardiac care	
0. Usual Occupation Hand	Other Conditions	
1. Industry or business		PHYSICIAN
1 7 7 1 1	(Include pregnancy within 3 months of death)	Underline the
12 Name	Major findings:	death should be
13. Birthplace Juney to auch	Of operations	charged statis-
The sold borners		tically.
14. Maiden Name	Of autopey	the following:
15. Birthplace Courage Control	Of autopsy  22. If death was due to external causes, fill in	
16 (a) Informant Must clasa Variation	(a) Accident, suicide, or homicide	
o a mount of the first ar	(b) Date of occurrence.	
(b) Address (b) Date thereof	La injury occur?	(County) (State)
17 (a) (Burial, eremation, or removal)	and hour home, on farm, ind	ustrial place, in publ
		at work?
(c) Cemetery or crematory	place? (Specify type of place)	
Location Land TIV shall		
18 (a) Funeral director	(e) Means of injuracis & Ralodo	M. D.
2 29 7011000	23. Signature	Louis 1.
	huit, M. J. Julie r	ate signed
(b) Address & at I willing for I had.	Address Frankler greet	Sate signed ry

BALTIMORE CITY CERTIFICA	ATE OF DEATH HO F Registered No.	769
62769 CERTIFICA		
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:  (a) State MD  (b) County MARCE	alex
Baltimore City, Maryland	(a) State / FFD	
Street address	(c) City or town PocoMOKE	L and give town)
Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	Street No. 14 - 3rd St	
Length of stay in hospital or inst. (yrs., mos., or days) 2	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		
(a) FULL NAME FRANCES PAYNE	MEDICAL CERTIFICATION	9. at 315 AM
(b) If veteran, name war	20. DATE OF DEATH OF A Language att	red; that lattend-
Sex 5. Color or race 6 (a) Single, married, widowed divorced. WIDOW	ed, or  21. I certify that death occurred on the date above to ed deceased from Dec. 10 1939, to De and that I last saw he R alive on Dec. 12.	
(b) Name of husband or wife 6 (c) If alive, give age	2 admit Carain once of Panosea	
Birth date of deceased (mo., day, yr.) 1 - 20 - 8	? Caremonis of Stell Blad	Re
Birth date of deceased mo., day, J	ay Car amount of and as cite	
AGE: Years Months Days hr.	min. Due to S James S	
38 V	A	
Birthplace (Town, county, and state)	Due to Runding asterise	Certa
Hause Wakk	The state of the s	Disease
0. Usual Occupation	Other Conditions	PHYSICIAN
I. Industry or business	(Include prestate attyin months of death)	Underline th
12. Name Daniel Mills	Major findinge:	cause to which
13 Birthplace /IID	Of operations	death should be
Un point		piently.
MA	Of autopsy	e following:
15. Birthplace	Of autopsy  22. If death was due to external causes, fill in the	
6 a Informant Records	(a) Accident, suicide, or homicide	
(b) Address O	(b) Date of occurrence	
(b) Date thereof Die 14	o 1927 . will Jid injury occur?	(County) (State
17 (a (month) (da (Burial, cremation, or removal)	and the same about home, on farm, indus	strial place, in pub
(c) Cemetery or crematory		work?
The contract to the	place? (Specify type of place)	
Location Transporter H. W. al	(e) Means of injury	
18 (a) Funeral director marganities alty 7	d III. Victor	M. D.
(b) Address Pocoboots	M.F. Delina Lob luis Acob Da	te signed 12-12
19 (a) - a respectively was time Re	ristrar Address	

# CERTIFICATE OF DEATH

F DECEASED:

	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	7) 4	
Street address Redwood & Keene Str. Hospital or institution:	(a) State Md (b) County Charles	
Street address Redwood & Meene UN	(c) City or town a Plata rul (If outside city or town timits, write RURAL and s	
		K(A6 romu)
	Austral No.	
Length of stay in hospital or inst. (yrs., mos., or days) /5 day	If rurat give location)	
Length of stay in hospital of line. Yes, most,	(e) If foreign born, how long in U. S. A.)	years
Length of stay in Baltimore (yrs., mos., or days)		
FULL NAME George Gates	APPENDICATION	
all c : I Somety Account	MEDICAL CERTIFICATION	15
b) If veteran, name war	20. DATE OF DEATH December 12 1959, ato	/ // M.
Sex   5. Color or race   6 (a) Single married, widowed, or	the date above stated; the	et lattend-
divorced.	11 Moresates 2719 27, 10 Kla classes	19.27
land 1	and that I last saw h malive on Occerta//1939	
b) Name of husband or wife (a) If alive give age years	Invaligate cause of death	Deration
6 (c) It alive, give age	Carenoma of Liver	mo.
Birth date of deceased (mo., day, yr.)	(Primary)	
AGE: Years   Months   Days   If less than one day	Datal Curtosis:	
46 hr. min.	Due to	
Busholace Charles Conaty, Mod.		
(Yown, county and state)	Due to	
Usual Occupation Salounel	Other Conditions Hypertensive Cardio-	
. Industry or business	Mariley Wiscare.	HYSICIAN
70	(Include pregnancy within 3 months of death)	
	Major findings.	Inderline the
13. Birthplace	Of operations de	ath should be
14 Maiden Name Mannue yattis		arged statts-
14. Maiden Name Mannie Yates  15. Birthplace	Of autopsy ( Call in the follow	
(a) Informant Philip E. Hunt	22. If death was due to external causes, fill in the follow	Here
(a) Informant Music / Manufact	(a) Accident, suicide, or homicide	
(b) Addrew Walder, Maryang.	(b) Date of occurrence	
7 (a) Bured (b) Date thereof (month) (day) (year	(c) Where did injury occur? (City or town) (County)	(State)
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial place	ce, in public
(c) Cemetery or crematory	While at work?	
Location Near Waran	(Specify type of place)	
8 (a) Funeral director Hunt Treyon	(e) Means of injury	
111 a d and ma	23. Signature	M. D.
(b) Address Cook in P. Williams H.	Address University Haple Date signed	1 the 12,
The state of the s	Address Details	1939
ATATA TOTAL		,

# BALTIMORE CITY HEALTH DEPARTMENT 50677 SD Registered No.

33771 CERTIFICATE	OF DEATHY 10 1 5	1111
	2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH:  Baltimore City, Maryland  4940 Fastern Avenue  Street address  Hospital or institution:  Baltimore City Hospitals  Length of stay in hospital or inst. (yrs., mos., or days)  Life	(a) State  Maryland (b) County  (c) Sity or Swn Baltimore  (If outside city or town limits, write RURA  1118 W. Hamburg Street  (d) Street No. (If rural give location)  (e) If foreign born, how long in U. S. A.?	Al, and give lown)
Length of stay in Baltimore (yrs., mos., or days)	(6) 11.10.10	V
FULL NAME Joseph Bury	MEDICAL CERTIFICATION	
) If veteran, name war	20. DATE OF DEATH Lecentre 9 193	7. at 705 AM
Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Divorced	21. I certify that death occurred on the date and that I last saw him alive on. Hec 9	
b) Name of husband or wife Mary (d)  6 (c) If alive, give age years	II .	Duration 2 % weeks
Birth date of deceased (mo., day, yr.) Jan. 1, 1868  AGE: Years Months Days If less than one day  71 11 8 hr. min	Due to	
Beltimore  (Town, county, and state)  None  None  I. Industry or business	Other Conditions articles charge	PHYSICIAL
12. Name Frank Bury  13. Birthplace Maryland  Sophia Schaffer	Major findings:  Of operations	Underline to who death should charged state timely.
14. Maiden Name Maryland 15. Birthplace Baltimore City Hospitals	22. If death was due to external causes, fill in t	
6 (a) Informant (b) Address Records (b) Date thereof	(a) Accident, suicide, or homicide  (b) Date of occurrence	(County) (State
(c) Cernetery or cromatory Mr Oline Gune Location Hradrick Turke State (a) Funeral direct State Gallengton (b) Address (637 & Address (637 & Address (637 & Registrates) (b) Hunting for Milianus (637 & Registrates)	A January Court	work?  M. D.  ste signed 12-9-

V8 3

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATHV

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1	11	6	Reg
1	-		

5.5776	•	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: U.M.H.	Md. (b) County Bully	
Baltimore City, Maryland	(a) State Md. (b) County  (c) City or town Balt, more  (If outside city or town limits, write RURAL	
Street address	(c) City or town Bd I I	
II ital or institution:	(If outside city or town limits, write to	
u.M.H.		
41	(If rural give location)	7
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	- years
Length of stay in Baltimore (yrs., inos., or days)	de) It toreign born, now long to	
	(2)	
(a) FULL NAME Simon Galombaus Kas	MEDICAL CERTIFICATION	
1 Security Accou	nt MEDICAL CERTIFICATION	. at 6 :54 M
All II Veterati, manning	THE APPLICATION OF L	
No.		d; that lattend-
Sex 5. Color or race 6 (a) Single, married, widowed, divorced.		
F W divorced.	and that I last saw her alive on osc 919	37.
	and that I last saw has	Duration
(b) Name of husband or wife 6 (c) If alive, give age ye	and that I last saw in and last and last y	
	7	
Burth date of deceased ino., day, y	Due to Cholecystectomy	
AGE: Yenra Months Days	nin. Due to Cholecys fee formy	
62 / 25 hr.	nin.	-
1: thu a no.	Due to	
Birthplace (Town, county, and state)	Due to	_
10. Usual Occupation	Other Conditions	_
Lucio and		PHYSICIAN
11. Industry or Dusiness  12. Name Michael Tom Kungs	(Include pregnancy within 3 months of death)	an a share the
12. Name / Itch ac	Major findings: a belegget tis	Underline the
13. Birthplace Lithmania	Major findings: Cholecystitis	death should be
211.	Chole lithiasis	charged statis-
14 Manden Name Polly	Of autopay	tiently
R is butches Li Thuania	22. If death was due to external causes, fill in the	following:
16 (a) Informant Jos 9 Comboskos	(a) Accident, suicide, or homicide	
16 (a) Informant	(a) Accident, sociology	
(b) Address 1609 Cercal 10 12 139	(b) Date of occurrence (c) Where did injury occur? (City or town)	maty) (Minte)
(b) Date thereon (A)	(year) (c) Where did injury occurr (City or town)	ounty) (Minte)
	(c) Where did injury occur about home, on farm, industri	at process or the
(c) Cemetery or crematory Hoy Cross Count	Winter at the	OIR
Lication amafally's Round to		
18 (a) Funeral director Chas 18 Ruchauckar	23. Signature fammend of Address Union Morre real Date	man
	23. Signature fammina	O M. 9.
The Addres as to harming the	MAN Marcan mornered Date	signed
19 (a) I ha love b) At the text to Report	rar Address whom	
(Date rec'd by registrar)		

63'773

## BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH Registered No.

PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State had (b) County Balling
Street address	(e) City or town Baltimere (mile write RURAL and give town)
maryland several Hospital	Marrier No. 337 W Biddle St.
d Length of stay in Baltimore (yrs. mos., or days)	(e) If foreign born, how long in U. S. A.?
IN FULL NAME MAGGIEEPPUDIXON	A STRICK OFFICIATION
3 (b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH December 8th 1939, at 650 M
Sex 5 Color or race 5 a Single, married, widowed, or divorced	21. IHEREBY CERTIFY, That Itook charge of the remains described
Name of husband or wife Thomas Cops	obtained by said (Automs or Inque) find that said deceased came
7. Buth date of deceased (mo_day, yi)	to Made ath on the day stated above
8. AGE: Years Months Days If less than one day hr min	Immediate cause of death  Styfertensive heart  discourse
9 Birthplace 2 (Town, county, and tate)	Due to arterioscleroses, general
10. Usual Occupation Cook  11. Industry or business	Due to
2 12. Name Man Nuoun	Other Conditions
E 12. Name SULVIII COMMENTED TO SERVICE TO S	Unclude programs within 2 months of death)  PHYSICIAN
# 14 Maiden Name Confluoren	Major findings: Of operations Underline the cause to which
15. Birthplace Mid.	Of operations death should be charged state-
16 10 Information Marris Strowders	Of autopsy tieally
Address / 23 scoutto extrulas Pa	22. If death was due to external causes, fill in the following
17 (a) Dete thereof 2 - 15-39 (month) (day) (year)	(b) Date of occurrence
Cemetery or crematory / 104 les butter	(City or town) (County) (State)
Location Westprost	(d) Did injury occur about home, on farm, industrial place, in public place?  While at work?
18 (a) Funeral director Company The lad	(Specify ) is of the control of injury
(b) Address for a wild file of M.P.	23. Signature 24 A. Modical Examiner M.D.
19 DEP 10 south to to Miche Michier	Date signed when 9 44 153)
VS A	

Leibe HEALTH DEPARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No..... (If death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. 65) da. How long in U. S. If of foreign birth? yrs. mos. de. Length of residence in city or town It II. S. Veteran specify WAR 2. FULL NAME Ward. (a) Residence: No. 65/ (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 2 5. Single, Married, Widowed. or Divorced (write the ward) 21. DATE OF DEATH (month, day, year) I HEREHY CERTIFY, That I attended deceased from 4. Color or Hace 3. SEX meda Daa 12 I lan the best after on five 10 19 39 Death is said Sa. If m rried w lowed, or d vorced HI SBAND of to have occurred on the date stated above, (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of enset Importance were as follows . If LESS than Months Years 7. AGE I day ......hrs. afuns luni ...min. 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which Other contributory causes of importance work was done, as silk mill, saw mill, bank, etc. 11. Total time (years)
spent in this 10. Date decreased last worked at this occupation (month and occupation year) 701 Was an operation performed! 12. BIRTHI'LACE (city or town) (State or country) For what disease or injury? 11 NAME G Name of operation What lest confirmed diagnosis! Was there an autopay 23. If death was due to external causes (violence) fill in also the fol-14. BIETBPLACE (city or town) (State or country) lowing: ... Date of injury ..... Accident. suicide, or homicide ?.... 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) ... (State or country) place ... 17. INFORMANT Manner of injury ... (Address) 6 5 IL BURIAL, CREMATION, OR Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER M. D. (Address) (Sloned) 20. VILED ....

### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead CITY OF BALTIMORE: (No. 6 1 of street and number.) ds. How long in U. S. If of foreign birth? \_\_\_\_yrs. \_\_\_\_mos.\_\_\_ds. Length of residence in city or town where death occurred... 1f U. S. Veteran specify WAR 2. FULL NAME .... Ward. (a) Residence: No .... (If non-resident give city or town and State) (Usual place of abode, MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) 4. Color or Race 2. SEX or Divorced (write the I HEREBY CERTIFY. That I attended deceased from 12 ma 10 Sa. If merred wis weder divorced . 19 3) Death is said BUSBAND of I last saw h. inc. alive on (or) WIFE of to have occurred on the date stated above, at .... 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of Date of enset if LESS than Importance were as follows: -Years 7. AGE Lendelluzio suga. 1 day, hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, Other contributory causes of imp saw mill, bank, etc. II. Total time (years) myraphal 10. Date deceased last worked at apent in this this occupation (month and occupation Date of 12. BIRTHPLACE (city or town) Was an operation performed? (State or country) For what disease or injury? Name of operation. What test confirmed diagnosis your Was there an autopay 14. BIRTHPLACE (city or town) 23. If death was due to external causes (violence) fill in also the fol-(State or country) lowing: ... Date of injury .... Accident, sulcide, or homicide?... 15. MAIDEN NAME Where did injury occur?. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE city or town)\_ place ... Manner of injury... Nature of injury 24. Was disease or injury in any way related to occupation of deceased? M. D.

Registrar.

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	AND THE PARTY OF T	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
S D LL C': M l-d	(a) State Md (b) County	
Street address Kutwood - Street	1 A.Ita	
Hospital or institution:	(c) City or twn City or town limits, write RURAL	and give town)
University Hospital	Street No. 2804 Sordwood	DA.
14	Street No. 2.10 7 (If rural give location)	
Length of May in hospital of Make Cytos, mostly of any		
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
(a) FULL NAME George 74. Incs	serek	V
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	10 35
No.	20. DATE OF DEATH December 11 1939	MH NH
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	d; that lattend-
M. W. divorced marries	ed deceased from Lice. 5 1934, to Lee	. 11 19 39.
(b) Name of husband or wife Ella Q. Mersich	and that I last saw h im alive on Car . 11 19	39.
(b) Name of husband of wife 6 (c) If alive, give age years	Immediate cause of death	Duration
Birth date of deceased (mo., day, yr.) apr 4-1865	/	~ T
AGE: Years Months Days If less than one day	Palmonory Jularenia	- Tours
74 4 7 hr min.	Due to	00 000 0 00 0
17		
Birthplace (Town, gounty, and state)	Due to	
0. Usual Occupation		
1. Industry or business	Other Conditions	
12. Name Maylon Messick	(Include pregnancy within 3 months of death)	PHYSICIAN
13 Rieshplace Mcl	Major findings:	Underline the
13. Birthplace Md	Of operations	death should be
14. Maiden Name Putta Downing	Of autoney Payding	charged statis-
15. Birthplace	Of adiopsy	tically.
6 (a) Interment Ella & Mussich	22. If death was due to external causes, fill in the fo	niowing:
(b) Address 2804 Goodwood Rd	(a) Accident, suicide, or homicide.	***
7 (a) Bateshereof 12-13-39	(b) Date of occurrence	
7 (d) (flurial, cremation, or removal) (month) (day) (year)		
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	
Location	place? (Specify type of place) While at wor	rk?
a. Stilluele		
6 (a) Funeral director 5305 Mallacks	(e) Means of injury	key
(b) Address 3 30 5 / 4 / Win	23. Signature	M. D.
(a) Date rec'd by registrar) (b) (c) Registrar)	Address morriage Date sig	ned .
The state of the s		

VS. 6

## CERTIFICATE OF DEATH 94-B Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	(a) State Ind (b) County Bellin	ine .
Street storess 659 w 9 anthin 44 Hospital or institution:	(c) City or town (If outside city or town limits, write RURA)	L and give town)
	of Street No. 659 W 9 ranklyn (If rural give location)	, At
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	year•
a FULL NAME JULIAN WAV	MEDICAL CERTIFICATION	15
the If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH Recember 11 1939	7. nt 8 2M
Sex 5. Color or race 6 a Single, married, widowed, or divorced	21. IHEREBY CERTIFY, That Itook charge of the re above, held an thereon and from	mains described
(b) Name of husband or wife / 6 c) If alive, give age	obtained by said (Autopa) or Inquir death on the day stated above	deceased came
Birth date of deceased mo, day, yr ?  Months Days If less than one day	Immediate cause of death	Duration
75? hr. min		
Birthplace Candaran for the Carolina (Tofon, county, and state)	Due to	
10. Usual Occupation Reliand. 11. Industry or bus ness although . It ?	Due to	
12 Name ?	Other Conditions	PHYSICIAN
4 11 7	(Include prognancy within 3 months of death) Major findings:	Underline the
14. Maiden Name huary Waightelle 15. Birthplace Virginia	Of operations	death should be
16 (4) Informan: his JC. I wohinger	Of autopsy	tically
h Address 3 v Vollan At	22. If death was due to external causes, fill in the	Tottowing
17 a Date thereof (Month) (day) (yes	(b) Date of occurrence	ounty) (State)
Location Constitute S.C.	d Did injury occur about home, on farm, industr	ial place, in publi
18 (a) Funeral director ofme . Mitchelly or	Means of injury	~ ~ M.I
19 (a) 12 1939 b thuting ton Williams	Date signed Dec 11 11,1939 Medical Exam	iner

HEALTH DEPARTMENT—CITY OF BALTIMORE 33778 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No.. (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. Laugth of residence in city or town where death occurred de. How king in U. S. If of foreign birth? ...... 579. If U. S. Veteran 2. FULL NAME specify WAR 709 (a) Residence: No. Ward. (Usual place of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, Divorced (write the word) 1. Color or Bace 21. DATE OF DEATH (menth, day, year) I HEREBY CERTIFY, That I attended de a. If married, widewed, or divorced HUSBAND of to have occurred on the date stated above, at. DATE OF RINTH (month, 1886 Months If LESS then 1 day,\_\_\_bre. h. Trude, profession, or particular kind of work done, as apianor, sowyer, bookhooper, etc. 9. Industry or business in which work was done, an olik mill, now mill, bank, etc. Other contributory causes of importance: 10. Date decemed had worked at this occupation (month and 11. Total time (years)
spent in this
occupation..... 12. RINTHPLACE (city or town) Vas an operation performed! (State or country) For what dhome or injury? 13. NAME Name of operation 14. HIRTHPLASE (esty or town What test confirmed diagnosis? Was there an autopay? (State or country) 23. If death was due to external causes (violence) till in also the fol-15. MAIDEN NAME Anddent, suicide, or humiside?.. .Ilute of injury.. 16. BIRTHPLACE (dty or town) Where did injury occur?.. (State or country) (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public 11. INFORMANT place Manner of injury IN BURIAL, CREMATION, OR REMOVAL 162 Nature of injury es or injury in any way related to occupation of deceased? 19. UNDERTABLE If moonperify

# HEALTH DEPARTMENT—CITY OF BALTIMORE 63779

HEALTH DEPARTMENT	-CITY OF BA-/131
CERTIFICATI	W Ph
TY OF BALTIMORE: (No. 1912 Maise	mos 2 da. How long in U. S. If of foreign birth?
	region opecify WAR
(a) Residence: No. 1 (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS  Single Married Widowski	21. DATE OF DEATH (month, day, year) Sec. 10 . 1937
male White married	Jan 25 106, to 1039. Death is said
HI SHAND of Linding 11-1860  (or) WIFE of BIETH (month, day, Var) July 11-1860	to have occurred on the date stated above, to have occurred on the date stated causes of
AGE Years Months Onys If Less than 1 day, hrs.	The principal cause of deal importance were as follows with the state of the state
a. This furctionion, or particular kind of work done, as spinners Return awyer, bookkeeper, etc.  a. Industry or hoseleases in which work was done, as all mill. Housewife warm	Other contributory causes of impertance  Aveno Sclew tie Cardy
15. There decreased has worked at this occupation (worth and	Rond Disesse & Hypertonica
(State or coughts)	For what disease or injury?  Name of operation
14. METHPLACE (elts or town) farmany	What test confirmed diagnosis Lton. Was there an autopay? Page 23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide!   linte of injury   19.
15. MAIDEN NAME Holomony  16. BURTEPLACE (city or town) Summing .  (State or country)	Where did injury occur (Specify city or town, county, and State specify whether injury occurred in industry, in home, or in pul
15. INFORMANT Linding meyer that	Manner of injury.
15. HURIAL CHEMATION. OF REMOVAL THE Sec. 13.	Nature of injury.  24. Was disease or injury in any way related to occupation of decem-
18. UNDERTAKED George L. Sefrust.	Sugar CP. Roetling Blue
Dago , thutington Holliams,	Tup Vandling redais.
1930 Like	peranglackbur for

63780 HEALTH DEPARTMENT	-CITY OF BALTIMORE
U . // Waa Mad	E OF DEATH HEEV F 63780
1. PLACE OF DEATH  TITY OF BALTIMORE: (No. So. Balto, Gan'l 14)	Registered No
enoth of residence in city or town where douth occurred.	mos. ds. How long in U. S. If of foreign birth Lyrs. 1908.
2 FULL RAME or Samuel Bobenke	Q specify WAR
(a) Residence: No. 7/2 W. WESS.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale White married willowed	21. DATE OF DEATH (month, day, year) 60 c 10 . 19 39  22. I REFERY CERTIFY. That I attended decensed from  19.39, to 10, 19.39.
HUNBAND of anna Bobenko	I last raw hise. alive on A A 19.39. Denth is soid to have occurred on the date stated above, at La 15 p.m.
AGE Years Months Days If LESS then 1 day,hrs.	The principal cause of death and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, backkeeper, etc.  9. Industry or busineen in which work was done, as olin mill.  Betteloken Je.	Other contributory course of importance:
10. Date deceased last worked at this occupation (munth and year)	
2. HTRTHTLACE (dty or town)	For what discount or injury)
14. RESTRIPLACE (city or town) Poland (State or country)	What test confirmed diagnosis? Was there as autopoy? / 22  23. If death was due to external causes (violence) sit in also the fol-
15. MAIDEN RAME Melen ?	Accident, suicide, or homicide?
16. HIRTHPLACE (dity or town) (State or country)  INPORMANTALY  STEPLEY  Boblesko	Specify whether injury occurred in industry, in home, or in publi-
(Address) 153 Redgely Street  (Address) 153 Redgely Street  (B. BURIAL, CREMATION, OF REMOVAL & A.A. 6)	Manner of injury  Nature of injury
19. UNDERTAKTE John 9. Strebling kas	2 24. Was disease or injury in any way related to occupation of deceased to the first of the fir
A [raro] 2 1939 . metry to William and ha	(Address) So Balto feel Hoge

HEALTH DEPARTMENT—CITY OF BALTIMORE 63781 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) mes. ds. How long in U. S. If of foreign birth? yrs. mos. Length of residence in city or town where If U. S. Veteran specify WAR 2. FULL NAME (a) Residence: 1 (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) 3. SEX 4. Color or Race Divorced (write the word) CERTIFY, That I attended deceased from 1 HEREBY Widowed 10 Sa. If married w dewed, or diverced agrees HUSBAND of (or) WIFE of to have occurred on the date stated above, at 10 P. m. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than importance were as follows: Months Years T. AGE I day ..... hra. ..min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, Other contributory causes of importance: naw mill, bank, etc. 11. Total time (years) 16. Date decenned last worked at spent in this the occupation (month and occupation. NIPOLT 1 Date of 12. BIRTHPLACE (city or town). Was an operation performed?-(State or country) For what disease or injury? 13. NAME Name of operation What test confirmed diagnosis? Che Was there an autopay? No. 14. BIRTHPLACE (city or 23. If death was due to external causes (violence) fill in also the fol-(State or country) Accident, suicide, or homicide? ... Date of injury ... 15. MAIDEN NAME Where did Injury occur?. (Specify city or town, county, and State) 16. BIRTHPLACE (city or town) Specify whether injury occurred in industry, in home, or in public (State or country) Manner of Injury. Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? no If so, specify M. D.



63782 BALTIMORE CITY HEA	OF DEATH SUBJECT OF DECEASED:	82
Street address Hospital or institution:	(c) City or town (If outside city or town limits, write RURAI	and give town)
	(If outside city or town limits, while the state of the s	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years.
b) If veteran, name war 3 (c) Social Security Account	Dec. 11, 1939	. at 8.25 P. M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stat	ed; that lattend-
6 (c) If alive, give age years	and that I hast naw have alive on dee //, I Immediate cause of death  Eron chr- preumonia	Duration 2 1240
Birth date of deceased mo., day, yn If Golden Months Days If less than one day hr. min.	Cardiar Earlure	
O. Usual Occupation House wife	Other Conditions Preterroscherosis	PHYSICIAN
12. Name 12. Name 13. Birthplace 14. Maiden Name 14. Maiden Name 15. Industry or business 16. Maiden Name 16. Maiden Name 17. Industry or business 18. Maiden Name 18. Maiden	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underline the cause to which death should be harged tatis tically.
15. Birthplace Informant Lander S. Mevin	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide	
b) Address // (b) Date thereof (month) (day) (year (Burial occumation or removal)	(b) Date of occurrence (c) Where did injury occur? (City or town) (City or town) (City or town)	County) (State)
Location 12 222 ml Location 12 222 ml 18 a Funeral director Na'lla's an Cool	place? (Specify type of place)	
b) Address 2 1 that the fulliant, M.P. Revietrar	23. Signature Beny B Mose Address 448 n Lugeriu Date	signed / 3/11/

VS 3

## CERTIFICATE OF DEATH V



F 63783

Registered No....

	. 2USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	164.	
Baltimore City, Maryland	(a) State (b) County	
Street address 4940 Kastern Ave.	(c) City or town Baltimore	AL and give town)
Utal or institution:	elf outside city or town limits, write he had	
Baltimore City Hospitals	de Street No. 2500 Presbury St.	
Length of stay in hospital or inst. (yrs., mos., or days)	2 days (If rural give location	,
Length of stay in hospital or list. (yis, most large)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days) Lin	and and the second seco	
a) FULL NAME William Remanyder	MEDICAL CERTIFICATION	- Control of the Cont
1 - 1 0 1 1 0 - 1 10	Account MEDICAL CERTIFICATION	35 04
(i) If veteran,	20 DATE OF DEATH We coulde 12 195	, at / - AM
( a) Single married, wide	awad or the date above sta	ited; that I attend-
Male White divorced. Widowed	1000 10 10 37 10	
	and that I last saw h am alive on thec. 12	19 39 .
b Name of husband or wife Anna	years Immediate cause of death	Duration
6 c. It alive, give age	C.O.O. O.T A GAME	3 days.
Birth date of deceased (mo., day, yr.) Aug. 21,18		
AGE: Years Months Days If less than one	day	
72 ? 3 2/ hr.	min. Due to	
Và.		
	Due to .	
0. Usual Occupation Old Age Pension	Other Conditions Ulcolutes mellitus	whenm
1 Industry or business	Other Conditions	PHYSICIAN
Willia Remeden	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name William Ramanyder	Major findings:	Underline th
13. Birthplace Md	Of operations	death hould b
14. Maiden Name Sarah 2.		
14. Maiden Name Such Co. 1	Of autopsy cellulities of nt. and & should	tically.
15. Birthplace Balto md	22. If death was due to external causes, fill in the	e following:
16 (a) Informant Records	(a) Assident suicide, or homicide	
(b) Address Balto. City Hosp. 12	(b) Date of occurrence	
Burial (b) Date thereof 12	day) (year) (c) Where did injury occur? (City or town)	County) (State)
(month) (	day) (year) (c) Where did injury occasi	
W/4 1 / 9 h 41	(d) Did injury occur about home, on farm, indust	work)
(c) Cemetery or examinatory Balto . Md.	place? (Specify type of place) While at	WOIKI
Location (11'11': Cont		
18 (a) Funeral director Walkam Coll	(e) Means of injury	
(b) Address 1217 St Paul 37	23. Signature Jallo City Hogg. Date	M D
hum a for alling	ora Mid Address Challo litt / 1079. Date	aigned /2-/2-3
19 (a) 1 . 2 3 1 4 2 1 miles	HASTAYUP II MODIENII 15	

## CERTIFICATE OF DEATH V

Street address	00,00	# 1 /	
Baltimore City, Marshad  Street address Code  Hospital or institution:  Length of stay in hospital or inst. (yra., moa., or days)  Length of stay in hospital or inst. (yra., moa., or days)  Length of stay in Baltimore (yra., moa., or days)  FULL NAME  Scool Security Account  No.  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. Length of stay in bospital or inst. (yra., moa., or days)  Sex  Scoles or race  6 (a) Single, married, widowed, or divorced of divorced of divorced	PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  By Clevering and the war of the conditions with the conditions of the conditions	Baltimore City, Maryland	State J hi County	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.)  MEDICAL CERTIFICATION  No.  MEDICAL CERTIFICATION  No.  Sex  5. Colorfor usee  6 (a) Single, married, widowed, or divorced flowered divorced flowered	Street address Kbo unnon	Con a sound the rose	
Length of stay in hospital or inst. (yra, mos., or days)  Length of stay in Baltimore (yra, mos., or days)  Length of stay in Baltimore (yra, mos., or days)  (e) If foreign born, how long in U. S. A.)  MEDICAL CERTIFICATION  No.  No.  No.  No.  No.  No.  No.  N	Hospital or institution	If outside city town limit, write RUR	Al and gv Mwn!
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.?  MEDICAL CERTIFICATION  No.  No.  No.  No.  No.  No.  No.  N		Jan 26 Linner	n 01
Length of stay in Baltimore (yrs. mos., or days)  (a) FULL NAME  (b) If vetering name wor  No.  Sex  5 Color trace  (c) Color trace  (d) Social Security Account  No.  Sex  5 Color trace  (d) Color trace  (e) Manual Color trace  (for It alive, give age  (give age  (c) Lettify that death occurred on the date above stated; that I attended deceased from 17/10 1939, to 17/11 1939,  and that I has aw her alive on 12/11 1939.  Birth date of deceased (mo. day, yr.  (d) County or business  (Town, cookly, and try)  (Town, cookly, and that I last aw her alive on 12/10  (D) and that I last aw her alive on 12/10  (D) and that I last aw her alive on 12/10  (D) and that I last aw her alive on 12/10  (D) and that I last aw her alive on 12/10  (D) and that I last aw her alive on 12/10  (D) an	1 ( in bosnital or mat. vrs. mos. or days)	ill rera give be niter	12.
FULL NAME  To FULL NAME  The veterant, name war  No. 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		of If foreign born, how long in U.S.A.?	years.
MEDICAL CERTIFICATION  No.  Sex 5. Colorin tace 6 (a) Single, married, widowed, or divorced d	Length of stay in Baltimore lyrs, mos., or days	7	V
Sex 5. Colorio race 6 (a) Single, married, widowed, or divorced from 17/10 19.39, to 12/11 19.39.  No. 12/12   19.39 to 1	a FULL NAME Posalie & which	MEDICAL CERTIFICATION	^
21. I certify that death occurred on the date above elated, that I oftended the divorced of th		1 1 103	4 .11P M
divorced div	And No. Mult	20. DATE OF DEATH	
b Name of husband or wife County  Birth date of deceased imo, day, yr.  If less than one day  Inc.  Birth date of deceased imo, day, yr.  Include pregnancy within 3 months of death;  Check the death should the de	Sex 5. Coler or race 6 a Single, married, widowed, or	21. I certify that death occurred on the date above at	2/11 1939
Birth date of deceased imo, day, yr.  AGE: Years Months Days These than one day  Birth date of deceased imo, day, yr.  Birthplace  O Usual Occupation from with the following:  12. Name (MMA many)  13. Birthplace  14. Maiden Name Many  15. Birthplace  16. a Informum (Date of a Informum			
Birth date of deceased (mo, day, yr. Months Days These than one day br. min.  Birthplace D. Usual Occupation of the Conditions of the Cond	A Name of husband or wife of work, Coutour		Duration
Birth date of deceased ino, day, yr.  AGE: Yests Months Days The state of the property of the Conditions Due to Due to  O. Usual Occupition of the Conditions of the Condition	6 to 11 alive, give age years	Immediate cause of greath	12/9/34
Birthplace  Due to  Due to  Other Conditions  Other Conditions  Other Conditions  Due to  Other Conditions  Other Conditions  Other Conditions  Due to  Other Conditions  Other Conditions	Birth date of deceased ino, day, yr. 111	ad bustingues autions	
Birthplace  Other Conditions  Due to  Other	16 Lee than one day	The Annahama	V
Due to  Other Conditions Juniform  Industry or business  12. Name (Mahner)  13. Birthplace  14. Maiden Name May (Mahner)  15. Birthplace  16. a Information or removal)  16. Date thereof (morth) (day) (year)  17. Cernetery or cremation, or removal)  18. a Funeral director  18. a Funeral director  18. a Funeral director  18. a Funeral director  19. Usual Occupation of the Conditions of the	/ //	1704	1930
Other Conditions Jurilly  12. Name (Muhnorn)  13. Birthplace  14. Maiden Name M ma (Muhnorn)  15. Birthplace  16. a Informant (Dabelle Conditions)  16. Address  17. a Jurill, cremation, or removal)  18. Cemetery or crematory  Location (moth) (dar) (year)  18. a Funeral director  (a) Address  (b) Date thereof (moth) (dar) (year)  (c) Cemetery or crematory  Location (Muhnorn)  (d) Did injury occur? (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in publications  (d) Did injury occur about home, on farm, industrial place, in publications  (d) Did injury occur about home, on farm, industrial place, in publications  (e) Means of injury  23. Signature  (a) Address  (b) Date of occurrence  (c) Where did injury occur? (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in publications  (d) Did injury occur about home, on farm, industrial place, in publications  (e) Means of injury  23. Signature  24. Jurille  24. Jurille  25. Jurille  26. Jurille  27. Jurille  28. Jurille  28. Jurille  29. Jurille  29. Jurille  29. Jurille  20. Jurille  20. Jurille  20. Jurille  20. Jurille  20. Jurille  20. Jurille  21. Jurille  22. Jurille  23. Jurille  24. Jurille  24. Jurille  25. Jurille  26. Jurille  26. Jurille  27. Jurille  28. Jurille  28. Jurille  28. Jurille  29. Jurille  29. Jurille  20. Jurille  21. Jurille  22. Jurille  23. Jurille  24. Jurille  24. Jurille  25. Jurille  26. Jurille  27. Jurille  28. Jurille  28. Jurille  28. Jurille  29. Jurille  29. Jurille  29. Jurille  20. Jurille  20. Jurille  20. Jurille  20. Jurille  20. Jurille  20. Jurille  21. Jurille  21. Jurille  22. Jurille  23. Jurille  24. Jurille  24. Jurille  25. Jurille  26. Jurille  27. Jurille  28. Jurille  28. Jurille  28. Jurille  29. Jurille  29. Jurille  29. Jurille  20. Jurille  21. J	Surply 19.		
12. Name (Muharana)  13. Birthplace  14. Maiden Name May (Muharana)  15. Birthplace  16. a Informana (Labella (Mostle) (	1/ 1/10 / 1/10	1 111	
12. Name (Muh morry)  13. Birthplace  14. Maiden Name M ma (Muh morry)  15. Birthplace  16. a Informati (Dabell Continue)  16. b Address  17. A Greatery or crematory  Location (May) (year)  18. a Funeral director  (b) Address  (c) Means of injury  (d) Date signed (2) [2] [2]  (d) Maiden Name M ma (Muh morry)  (d) Did injury occur?  (e) Means of injury  (formation of the signed	O. Usual Occupation Avuse and	Other Conditions Jewilty	
Major findings:  14. Maiden Name M Major findings:  15. Birthplace  16. a Informatic Dawley Construction  16. Address  17. Cemetery or crematory  Location Lulus Major findings:  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  Major findings:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  Major findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur?  (Specify type of place)  While at work?	The Part of the		PHYSICIAN
13. Birthplace  14. Maiden Name M M M Make Marker M M M Make Marker M M M M M M M M M M M M M M M M M M M	12. Name Muhmonny / Moccupi		Underlineth
14. Maiden Name M Mu	7 1 1 6 5 0 6 6		cause to whice
Of autopsy  15. Birthplace  6. a. Informant  b. Address  6. b. Date thereof  (morth) (day) (year)  C. Cemetery or crematory  Location  C. Cemetery or crematory  Location  C. Cemetery or crematory  Address  C. Specify type of place)  Means of injury  Means of injury  Means of injury  Means of injury  Date signed / 2/12/.	I was many		harged atte
22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Mean of injury  (found)  (g) Mean of injury  (h) Address  (h) Address  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (g) Mean of injury  (h) Address  (h) Address  (h) Address  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Mean of injury  (found)  (fo	7 10 1 10 10 10 10 10 10 10 10 10 10 10 1	Of autopsy	
(a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, inclustrial place, in publication  (d) Did injury occur about home, on farm, inclustrial place, in publication  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, inclustrial place, in publication  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, inclustrial place, in publication  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Date of occurrence.  (h) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, inclustrial place, in publication  (g) Means of injury  (h) Date of occurrence.  (h) Date of occurrence.		22. If death was due to external causes, fill in th	e following:
b) Address  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (b) Address  (c) Where did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  (found)  (grand)	16 a Informant Dabely Cuspille	(a) Accident, suicide, or homicide	
(c) Where did injury occur?  (d) Did injury occur?  (d) Did injury occur about home, on farm, industrial place, in publication  (Specify type of place)  (e) Where did injury occur?  (f) Did injury occur about home, on farm, industrial place, in publication  (g) Where did injury occur?  (g) Where did injury occur?  (h) Did injury occur about home, on farm, industrial place, in publication  (g) Where did injury occur?  (g) While at work?	Large Contract Miles	Date of occurrence	
(d) Did injury occur about home, on farm, industrial place, in publication fully 2009  Location fully 2009  (Specify type of place)  (b) Address 1217  (c) Means of injury  (d) Did injury occur about home, on farm, industrial place, in publication fully 2009  (Specify type of place)  (e) Means of injury  (f) Address 1217  (g) Means of injury  (		(c) Where did injury occur?	
Location Lucit 200 place?  (Specify type of place)  (Specify type of place)  (Specify type of place)  (Address 1217  (Address	The state of the s	Old injury occur about home, on farm, indus	trial place, in publ
Location Curry (Specify type of place)  18 a Funeral director  (b) Address 12-17  (c) Means of injury  23. Signature  33.2 Eliminature Date signed 12/12/.	Cemetery or crematory	While at	work?
b) Address 1219 A Call Manualle 23. Signature 7 Carry Date signed 1 2/12/.	Location Lulle 2ney	(Specify type of place)	
b) Address 1219 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18 a Funeral director	(e) Means of injury	
19 5 1 3 1934 by registrar) Address 5 332 Chumlen Date signed 12/12/.	Lu I Maria VI	23. Signature	M, D.,
Sinterpolit by registrar) Registrar	man 40 10 24 M to the Fallente, My	1 June 5332 Chundlen Dat	e signed / 4/2/3
	(Slaterable by registrar) Registrar	" Address / L	

## F 63785

# BALTIMORE CITY HEALTH DEPARTMENT 108 F 63785

63700	CERTIFICATE	OF DEATH V	-
		2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Baltimore City, Maryland	A Pd.	a State MX h County	
Street a ldress 40 4 1 LLONG. Hoppita or institution:	nost .	City or to July on lever limit, we to RURAL	Le town
	rs. mos, or days	A li rund site ada	years
Length of stay in hospital or inst. S	nos., or days	If foreign born, how long in U. S. A.?	
	0///-		_
FIEL NAME	(c) Social Security Account	20. DATE OF DEATE 20. DATE 20. DATE OF DEATE 20. DATE 20.	. at / A M
11 0 6 0	No. Stagle, married, widowed, or	21. I certify that death occurred on the date above state	d. that lattend-
Sex divor	Transit -	ed deceased from Dec 6 1937, to be and that I last any him alive on Dec 11	Duration
h Name of husband or with ful		Immediate cause of death	Duran
Birth date of deceased mo, day, y	Wess than one day	(lift tour as)	
1/1 3 13/2	hr min.	Due to	
Birthplace Galle 2	June 1	Due to Programming fait faiter	4
O. Cana Occupation Inna	Huseru -	Other Conditions	PHYSICIAN
1. Industry or business (WM	Thesowe	Major findings:	toler in the
a some a some form	MACA V	Of operations	teath lead ib
13 Parthplace	in both the	Of autopsy  22. If death was due to external causes, fill in the	following:
16 (a) Informant afficient	the stower	(a) Accident, suicide, or homicide	
1) Address 42-9 1-14	1100 1 12/11/28	(b) Date of occurrence	ounty) (Ntare)
(Surial cremation, or removal)	Date therefit towners 14/3	Where did injury occur about home, on farm, industry  (d) Did injury occur about home, on farm, industry	nal place, in pub
Cemetery or crematory	109	place? (Specify type of place)	
Location Lucial 18 a Funeral director	on Start	23. Signature Tes 19 6. Chee	M D
b Address 1217	of the filliance it	Address OU 11. Jullan of Date	nigned 2/02
19 (a)	Regultrar		

## CERTIFICATE OF DEATH 130 Registered No.

()()(()()	DESCRIPTION OF DECEASED.	
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	1 State 100 h County	
1 Sweet address 2218 Lynd hurst No	( Sullevial	
Hospital or in titution:	c) City or town of the city of the man, with RURAL	La dgiv t will
V	22/8 Jund hurst	100
and the second or days	of rece No.	
d Length of stay in hospital or inst. (yrs., mos., or days)	Maria I SA	years
() Length of stay in Baltimore yra., nios., or days	e If foreign born, how long in U. S. A.?	,
of FULL NAME Margaret L. Mill	e e	
1/ Lacy was 1/2 1/2 200	MEDICAL CERTIFICATION	
No. No.	20. DATE OF DEATH DEC. 12 1937	A P M
Single married widowed.		ed, that lattend-
divorced // Line	ad deceased from 19 1, to	19 7.
mou hour stanting the	and that I last saw h a alive on 7 1/ 10	9 3 / .
Name of husband or wite of the give age year	118 Immediate cause of death	Duration
1 0 - 101	4 NEPHRITIS ALLE FARENCHTARING	110115
7. Birth date of deceased mo, day, yr		
8. AGE: Years Months Days If less than one day	Due to Nor A Maddel	
69 1 6 10 hr. mi	in.	
9 Birthplace (Suller mos) 14.0	Due to	
The state of the s		-
10. Usual Occupation of the sound	Other Conditions	
11. Industry or business		PHYSICIAN
12. Name	(Include regions within 3 months of death)	tad rin the
13 Birthplates allernore	Major findings:  Of operations	exuse to which
- IT - + Id Med		hath had be
14 Maiden Viet & Dut & Was	Of autopsy	tically.
15. Birthplace ( July mon	22. If death was due to external causes, fill in the f	following:
16 1 Informance of Cula 10 of The	(a) Accident, suicide, or homicide	
Address 2218 Lyng hung		
1 day 1016	( 1:1:-:	
Description or removal) (mosth) (des) (Se	it it of fown it	unty) (State)
c Cemetery of gremators of Washis	(d) Did injury occur about home, on farm, industria	ork?
Location / MAXONA	place? (Specify type of place)	
18 a Funeral director Mig PM	(e) Means of injury /	
19/1 Le Crustel	23. Signature	M D
Address to y	8 Day - Florida Day	M. D.
19 (a) Jack (5) - The state of Registrar		7

## CERTIFICATE OF DEATH

2 AF 63787
Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(ii) Baltimure City, Maryland Colombias City, Maryland	a State County	
1 Such Sund 130 Columbus Lune	Con a man July small	
(c) Plospital or institution:	ill and ide ity opt 3n mile with RUR	At and K want
(d) Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 3733 Colsomous	L'une
(e) Length of stay in Baltimore (yrs., mos., or days) Life	(e) If foreign born, how long in U.S.A.?	years
3 In FULL NAME Emilie Reiman	m	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. MINE	20. DATE OF DEATH LEC // 197	4 . ng. 25 %
4. Sex 5. Color or race 6 in Single, married, widowed, or	21. I certify that death occurred on the date above sta	red, that lande
Man May and Jassed	ed deceased from DEC 8 1939, 10 DEC	11 139.
	Cound that I last naw how alive on ARC 11	1939
6 of If alive, give age years	Immediate cause of death.	Duration
7. But date of deceased mo. day, ye use 28. 1874	6.1.1.1.	
8 AGE Years Months Days Hess than one day	buelou Neamhyr	- Hays
62 6 / 13 hr. min	The second secon	
9 Bull some Inch		
y Birthipline Company (Three property and that i	Due to	
10 Und Occupant tousemile ??		
II. Industry or business	Other Conditions	
= 12 N / Mohmond etals		PHYSICIAN
	(Include pregnancy within a months of death)	PRYSICIAN
13. Pinholace servitory	Major findings: Of operations	Calculate the
I 14 Maiden Name With mind		death should be
15. Birthplace Levelward	Of autopsy	thenity.
16 1 Informant 20 + Recommand	22. If death was due to external causes, fill in the	following:
Address 3733 Columbus in	(a) Accident, suicide, or homicide	
1) 5 H 12 b Date thereof 12/13/39	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) year	Where did injury occur?	The second
(c) Cemetery or crematory / 1014 4000	(d) Did injury occur about home, on farm, industria	unty: (State)
Location Therefore	place? / 1 While at we	
Met 21	(Specify type of place)	1.
18 (a) Funeral director	(e) Means of injury	/
(h) Address /2/1/2/00004	23. Signature WWW W. VULLOU	
19 (a) (b)	Address CHRO3/ach Hall h Date is	M. D.
(Qualifred day engistrar)	White all the Walls and a second	18/1/39
1.6		

HEALTH DEPARTMENT-CITY OF BALTIMORE 3788 CERTIFICATE OF DEATH Registered No..... (If death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. Length of residence in city or town where death occurred yes mos ds. How long in U. S. If of foreign birth? yes mos ds. specify WAR 2 FULL NAME .... Ward. (If non-resident give city or town and State) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 19 3 5. Single, Married, Widowed, or Diversed (write the word) 21. DATE OF DEATH (menth, day, year) 4. Color or Hore I HEREBY CERTIFY, That I attended deceased from . 19.21. to Sa. If married, widewed, or divorced HUSBAND of (or) WIFE of .. 19 .... Death le said Dac 11 I last now hat alive on... to have occurred on the date stated above, at 5 55 Å m. The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of erest Importance were us follows: If LESS then Months Dasw Cult 2x or Tueso. 7. AGE 1 day ......hre. racens a. Trude, profession, or particular blind of work done, as spinner, sawyer, beakkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and Other contributory course of impurtance: 11. Total time (years) spent in this occuration. S (TAME) Vas an operation performed! 12. BIRTHPLACE (city or town) (State or equatry) For what dhouse or injury!... Name of operation 14. EIRTHPLACE (city or lown). Virgin Soland What test confirmed diagnosis? \_\_\_\_\_\_ Was there as autopay? \_\_\_\_\_\_\_.
24. If death was due to external causes (violence) fill in also the fol-(State or country) Armident, addide, or humlehie? A late of inhery 12, 19. 15. MAIDEN NAME Where dld Jajury occur !..... (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. HIRTHPLACE (city or town) (State or country) 1: INFORMANT Como Commeta Manner of Injury. rattled IS, BURIAL, CREMATION, OR REMOVAL Man Int Cullen Of par 2/18/39 Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? L. J. Brown y lon .If so, specify.... (Address) 10 (Womontgoning V 1935 the for Millians, M. Steelstrar. 2e. FILFB

## CERTIFICATE OF DEATH

Registered No. 63789

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State 16. (b) County	
Baltimore City, Maryland		
Street address 4940 Bastern Ave. Hospital or institution: Belto. City Hosps.	(c) City of town Baltimore (If outside city or town limits, write RURA	AL and give town)
2 mo 5 days	d Specialo. 2218 E. Lombard St.	)
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Life	e) If foreign born, how long in U. S. A.?	years
a) FULL NAME Phillip McDorman	MEDICAL CERTIFICATION	
b) If veteran, name war Social Security Account No.	20 DATE OF DEATH 12 - 1 2 19 3	39. at 63.5 A M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced Widowed	21. I certify that death occurred on the date above stated deceased from 7 - 27 1937, to / 2 and that I last saw him alive on /2 - /	-12 190),
(b) Name of husband or wife Memie  6 (c) If alive, give age years		Duration ?
Birth date of deceased mo., day, yr. 3/13/1872  AGE: Years Months Days If less than one day  67 8 19 hr. min.	Due to Peptro welcor	?
Birthplace Balto. (Town, county, and state)  O. Usus Occupation Sailor	Due to Other Conditions	
I Industry or husiness Unemployed		PHYSICIAN
12 Name ?  13 Birthplace Md.	Major findings:  Of operations	Underline the cause to which dath should be
14 Maiden Name Ursula Price	Of autopsy Way	charged state
15. Birthplace	22. If death was due to external causes, fill in the	e following:
16 n) Informant Records	(a) Accident, suicide, or homicide	
Balto City Hosp	(b) Date of occurrence	
17 a Bureau b Date thereof 12/5/39 (month) (day) (yea) (Ceinetery or crematory Mt Carnell Cim Location Commelle It	P. Linium occur)	County) (State) rial place, in publ work?
18 10 Funeral director of a I france + con-	(e) Means of injury	
Date reed by registrar	Address Salto City Hoof Date	m, D.

## CERTIFICATE OF DEATH 53 Registered No.

	OF DECEMEN	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State (b) County	
Street address 4940 Eastern Ave. Hospital or institution:	(c) City or town Balto. (d) City or town limit, write RURAL	and give town)
nelto. City losaltals	1829 W. Fayette St.	
Length of stay in hospital or inst. (yrs., mos., or days) 2mo.14c	(1) If foreign born, how long in U. S. A.?	years
a) FULL NAME	MEDICAL CERTIFICATION	
b) If veteran, name war Social Security Account No.	DETERMINE Securities 12 1939	at 9 5 A M
Sex 5. Color or race 6 a Single, married, widowed, or divorced.  Single	21. I certify that death occurred on the date above state ed deceased from Lyt 28 1939, to Lec. and that I last saw him alive on Use, 12 19	
h) Name of husband or wife 6 (c) If alive, give age years	1 1 1	Duration
Birth date of deceased ma, day, yr. 8-22-1915  AGE: Years Months Days If less than one day  24 3 20 hr. min.  Birthplace Bulto.  (Town, county, and state)  0. Usual Occupation	Due to  Other Conditions	
1. Industry or business		PHYSICIAN
12 Name John R.  13 Birthplace Balto.	(Include pregnancy within 3 months of death)  Major findings:  Of operations	Underlin the
14 Maiden Name Laura Beck Balto.	Of autopsy cyslic tumer of the cerebellum	hurged tut
15. Birthplace  16 (a) Informant  (b) Address	22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence	following:
17 (a Millian Date thereof / (month) (day) (year thereof)	7	ounty) (State)
Location But Time are mary last 18/11 Funeral director & B Shipper & St	(e) Means of injury	
19 (a) Address 1300 Ecclaret Place 19 (a) 1 (19 (19) 19) Thurting to Milianut, Registrar	Address Fallo Cety Hosp. Date	signed /2-/2-

. Date signed 2-11-31

1300 Cutaw Place

(b) Address

Registered No.

	CERTIFICATE		
		2. USUAL RESIDENCE OF DECEASED:	
ACE OF DEATH: Baltimore City, Maryland Street address Hospital or institution:	Stricker St	(c) City or town Baltimore City (d) City or town Baltimore City (life tride city or town limit, write RURAL (ld) Street No. 120 S.Stricker St	and give town)
Length of stay in hospital or Length of stay in Baltimore	inst. (yrs., mos, or days	If foreign born, how long in U. S. A.?	years
FULL NAME	Marie Wood	MEDICAL CERTIFICATION	21
b) If veteran, name war	3 c Social Security Account No. None	20. DATE OF DEATHDecember 11, 1939 21. I certify that deathspectured on the date above state	ed; that lattend-
Sex 5. Color or race	6 (a) Single, married, widowed, or divorced. Married	ed deceased from 1989, to be and that I last saw he palive on the grant of the gran	
Birth date of deceased mo.  AGF: Years Months	day, vr.December 6, 1893  Days If less than one day  br. min.	Immediate cause of death	Duration )
Birthplace Baltimor  O. Usual Occupation  I. Industry or business	Housewife	Other Conditions Pulmsury Embelia	Intotella
12 Name Anton Vo	Germany	Major findings: Of operations	to rine the cause to which death should be
14 Maiden Name Anni	a Stitz	Of automy.	charged attis-
15 Birthplace Balti  6 Informant John  6 Address 120 S.  17 Burial  (Burial, cremation, or ren  (Ceinetery or cremator  Location Baltin  18 (a) Funeral director  Address Pratt 8	Stricker St  (b) Date thereof Dec 14-39 (month) (day) (year	22. If death was due to external causea, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industry  place?  (Specify type of place)  (e) Means of injury  23. Signature  (Address ) SI Wellier Accident  Address ) SI Wellier Accident  Date	ounty) (State)

63793

N

CERTIFICATE OF DEATH

Registered No.

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland	a State b County	
Sure addre Dark 1600 lesquit St	The L	
Hospital or institution:	c) City or town (If out ide city or town limits, write RURA	L and give town)
	My Street No. (If rural give location)	
Length of stay in hospital or inst. (yrs., mos., or days)	4	years
Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
FULL NAME S. Wells		
S 11 Samily Account	MEDICAL CERTIFICATION	9. cm
h) If veteran name wat No.	20. DATE OF DEATH Received 10 191	7 at M
Sex 5. Color or race 6 of Single married, widowed, or	at the peny CERTIFY That I took charge of the re	mains described
n divorced	above, held an Autopsy or Id uiry thereon and fro	
1 Abandar wife	hind that said	deceased came
(b) Name of husband or wife 6 (c) If alive, give age years	death on the day stated above.	
Birth date of deceased (mo., day, yr.)		Duration
AGE: Years Months Days If less than one day	Commediate cause of death veruentage	1
5-2 11 20 hr. min		
Root & a Clase mil	Due to	
Buthplace (o astern (Town, munty, and state)		
O. Usual Occupation Unenfologed	Due to	
1. Industry or business		
12 Name not none	Other Conditions	PHYSICIAN
13. Birthpace Castern Shore MU	illn hade pregnancy within 3 months of death	
2 + 2 0	Major findings:	Underline the
14 Maiden Name Not Shore m	Of operations	death should b
a la principale	Of autopsy	tically
to la latore men Victoria /day.	22. If death was due to external causes, fill in the	e following:
Address to 0 5 as quetter at	134 Accident, suicide, or homicide	
Brand Date thereof Hee 142	I Date of occurrence	
17 (formal gramation, or removal)	Where did injury occur?	(State
(exceptery of crematory my durburn em	Did mury occur about home, on farin, industr	rial place, in pub
Location West- Port - (.)	Whie at	work?
Marie VIVIXIN	(Specify type of price)	6
18 (a) Funeral director.	Means of injury was auch Ir	y M
(b) Address 1 to the total the Mariane	23. Signature Medical Exam	ainer_
19 ODED 13 1939 hunting or Mexistrar	Date signed   L	

HEALTH DEPARTMENT-CITY OF BAL 63794 CERTIFICATE OF DEATH Registered No. til death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. How long in U. S. 1f of foreign birth?\_\_\_\_\_\_\_\_non\_\_\_ince.\_\_\_de. If U. S. Veteran specify WAR 2. FULL NAME (If non-resident give city or town and State) (a) Residence: No.... (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single, Married, Widowed, P. Diverced (write the word) 21. DATE OF DEATH (month, day, year) t. Color or Race attended decenned I HEREBY CERTIFY, That 5a, 1f married, widowed, or divorced Death la said HUSBAND of Melyn to have occurred on the date stated above, at 9:019m. The principal cause of death and related guest of 6. DATE OF BIRTH (month, day, year) Date of enset If LESS than Importance Days Months Years. 1 day hrs. 36 min. 5. Trade, profession, or particular kind of work done, an spinner, sanyer, hookkeeper, etc... 5. Industry or business in which work was done, as all mill, naw mill, bank, etc. II. Total time (years) 1s. I hate deceased last worked at this occupation (month and occupation SERTI 12 HIRTHPIACE (city or town) Balts, Ind. Was an operation performed? (State or nuntry) For what disease or injury? Name of operation Was there an automay? What test confirmed diagnosis? 14. BIRTRPLACE (city or 23. If death was due to external causes (violence) fill in also the fol-(State or country) 15. MAIDEN NAME Specify whether injury occurred in industry, in home, or in public Back. 16. BIRTHPLACE (city or town) mod State or country) 17 INFORMANTIN. M. Manner of injury 15 BURIAL. Nature of Injury mallee. 24. Was disease or injury in any way related to occupation of deceased?

Mille at 18 M. M. Restint rate.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE 63795 CERTIFICATE OF DEATH Registered No..... (If death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. 4523 Mails sived do Longth of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds. Bus wanger specify WAR dreen 2. FULL NAME ..... +523 Main fined Ward. .. (If non-resident give city or town and State) (a) Residence: No ..... MEDICAL CERTIFICATE OF DEATH (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, or Divorced (write the word) I HEREBY CERTIFY. That I attended deceased from 4. Color or Race 2. SEX wedvery . 1931. to DEC white Dies See 11 1934 Death in said trul Sa. If married, widowed, or divorced I last saw hall alive on.... Jacob & Buswanger to have occurred on the date stated above, at 3 48 P m. HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, year) Oct 6- 1857 The principal cause of death and related causes of Date of great · he curry Humanhaye If LESS than Months Years. 1 day hre. 7. AGE 704 melial Reguestation Decomp min. 82 700 8. Trade, profession, or particular uluio Juneswood kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which Other contributory causes of importance work was done, as silk mill, Che orlustical republic saw mill, bank, etc... 11. Total time (years)
sperit in this 15. Pate deceased last worked at this occupation (month and occupation. Was en operation performed? yent). 13 alhuou BIRTHPLACE (city or town) ... und. For what disease or injury? (State or country) non Brenner Name of operation wellings.
What test confirmed diagnosis. Saloneon 13. NAME Was there an autopay? 23. If death was due to external causes (violence) fill in also the fol-Germany 14. BIRTHPLACE (city or town). State or country) Accident, suicide, or homicide?..... Kau 15. MAIDEN NAME THATY (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public retuen 16. BIRTHPLACE (city or town)\_ (State or country) mes m. myers place 4523 man fuel en IT. INFORMANT .. Manner of injury ... (Address) 18. BURIAL, GREMATION, OR REMOVAL Nature of Injury Mont Backs . Hiter & Durableer 14 . 1833 24. Was disease or injury in any way related to occupation of deceased? 13. UNDERTAKEN Carrot Sonorium mon wo .If so, specify Shos. Fa Strems Center March 2878 sturford kg Muamai

Registrar.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 63796 2. USUAL RESIDENCE OF DECEASED: (a) State Med (b) County Bultimo, I. PLACE OF DEATH: Baltiniore City, Maryland (c) City or town was Halathorfe wn (If outside city or town limits, write RURAL and give town) 1 Street address c Hospital or institution. St. agues Stropital. d Length of stay in hospital or inst. (yrs., mos., or days 16 him years. If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., mos., or days) 2/413 3 a FULL NAME alies Je compte MEDICAL CERTIFICATION 3 (c) Social Security Account 1939, at 12.30 AM 3 b If veteran, name war No. 220-05-0675 20. DATE OF DEATH 21. 1HEREBY CERTIFY, That I took charge of the remains described 6 (a) Single, married, widowed, or above, held an . autofor thereon and from the evidence 5. Color or race find that said deceased came William L'ecompete (Autopsy or Inquiry) 6 (c) If alive, give age to for death on the day stated above 7. Birth date of deceased (mo., day, yr.) 200. 26th 1909 Duration Immediate cause of death Cerebral Hemontage If less than one day Months Due to multiple Abrama 10. Usual Occupation Slowography 11. Industry or busines 12. Name Victorias Lowmon Other Conditions PHYSICIAN (Include pregnancy within 3 months of death) 13. Birthplace Qu Q. County Underline the Major findings: 14. Maiden Name Ourse John cause to which Of operations death should be charged statis-# 15. Birthplace Of autopsy as above 16 (a) Informant Mrs adeline 22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide Caccina b Date thereof 2 14th 1939 (b) Date of occurrence 12-10-39 (c) Where did injury occur? balto to, - hear Holastorge Cemetery or crematory & sudow (d) Did injury occur about home, on farm, industrial place, in public places Washington Olad. While at work? Location Magnolia Section. (Specify type of place) 23. Signature Howard Westers 18 1 Funeral director W: Jouls M.D. 1) Address 111 J. Junior Medical Examiner 19 (1) Tauler 17 , to K White the Taug ton Nolling Registrar Date signed 12 -11 - 39

## CERTIFICATE OF DEATH

	3 4	
PLACE OF DEATH: Baltimore City, Maryland Found dead in clauster	2. USUAL RESIDENCE OF DECEASED:	
Street address & 5 Sept ST.	(a) State and (b) County and	M
Hospital or institution	c City or town	
Tion and or institution.	(If out idealty or town limits, write Rt RA	(L and give town)
	State No. 1823 to the soul (If rural give location)	toth
d) Length of stay in hospital or inst, (yis, mus, or days)	(tf rural give fecation)	
e) Length of stay in Baltimore (yra, mos., or days)	If foreign born, how long in U. S. A.)	years
a FULL NAME WILLIAM HC	OLLINS	
(b) If veteran, name war 3 (c) Social Security Account No. 225-18-4772	MEDICAL CERTIFICATION  20. DATE OF DEATH Seconds 12 1935	30 M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced	21. IHEREBY CERTIFY, That I took charge of the res	mains described
	above, held an Andrew, thereon and fro	on the evidence
(b) Name of husband or wife	obtained by said (Automy or Inquire)	deceased came
6 c) If alive, give age years	to death on the day stated above	
Birth date of deceased mo, day, yr, may 9, 19/0		Describe
ACE: Years Months Days If least than one day	Immediate cause of death	Duration
37 hr min	trucken of bracke	
Buthplace Ma		
(Town, pounty, and state)	Due to	
O. Usual Occupation Elevator Ceperalor		
Industry or business	Due to	
12 Name W m J. Collins	Other Conditions	
13 Purhplace / M		PHYSICIAN
Hele Is will	Major findings:	
14 Maiden Name Hellen Lannung	Of operations	l'aderline the
15. Birthplace		death should be
6 (1) Interman Wm J. Column, Ir	Of autopsy	charge l statis-
1 Address / 8 2 3 71 - Mozer &	22. If death was due to external causes, fill in the fo	
Burnal h Date thereof 12/14/39	(b) Date of occurrence les 113/193	
	(c) Where did injury occur?	Lo. Welfor
Cemetery or cremetory 1 1 MUVZVV	(tity or town though	ty) (State
Location	d Did injury occur about home, on farm, industrial	
8 (a) Funeral director & Manna C. Miles	place? While at wor	k) shows
1302 120000000		rootes
Ja & Miliana, My	23. Signature	- M.D
We down 1 13, 1939 Atmeting for Milian 10 MP	Date signed Occ 1 My 729	
0 1000		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: PLACE OF DEATH: (a) State Med (b) County a) Baltimore City, Maryland (b) Street address e) Hospital or institution d) Length of stay in hospital or inst. (yrs., mos., or days) years (e) If foreign born, how long in U. S. A.? (e) Length of stay in Baltimore (yrs., mos., or days) MEDICAL CERTIFICATION 20. DATE OF DEATH / 2 -/2 -21. I certify that death occurred on the date above stated; that lattend-6 (a) Single, married, widowed, or 5. Color or race ed deceased from /2 - 3 1939, to /2-12 divorced married. and that I last saw has alive on 12 -12 19 34 Immediate cause of death ferebal hemorchage. 11-25- 3 Birth date of deceased mo., day, yr. Mry 13, 1857 Due to Fracture Jahull Months Days 10. Usual Occupation 11. Industry or business PHYSICIAN (include pregnancy within 3 months of death) 12. Name author Stewart Underline the Major findings: cause to which ynhymm Of operations 13. Birthplace death should be harged status-14. Maiden Name Uny Of autopsy 22. If death was due to external causes, fill in the following; 15. Birthplace 16 a Informant author Stewart (a) Accident, suicide, or homicide accesses (b) Date of occurrence // - 25 - 3 800 Nashingion (b) Address (c) Where did injury occur? Bella (d) Did injury occur about home, on farm, industrial place, in public (c) Cemetery or crematory Aury Catherna While at work? Location Dld Francis Property (e) Means of injury Fall down Stury 18 a Funeral director multiple, 23. Signaturo Wymanafie 6 Address 1 317 W. Cross ...

H. L. Wollemweber,

## F 63799

## CERTIFICATE OF DEATH

F 63799

	CAIL OF DEATH	
1. PLACE OF DEATH: (2) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street address	4.1	
Hospital or institution:	- County	
St Jasephs Andelal	(If outside city or town limits, write RU	TD A 9
d Length of stay in hospital or inst. (yrs., mos., or days)	1 Street No. 5 6 85 Beleve	RAL and give town
e Length of stay in Baltimore vrs., mos., or days	(If rural give location	101)
3 (a) FULL NAME	(e) If foreign born, how long in U. S. A.?	yea
and probe		
3 (b) If veteran, name wat	MEDICAL CERTIFICATION	J. n.
Sex 5. Color or race 6 2 Single married widows	20 DATE OF DEATH A /	17
5. Color of race 6 (a) Single, married, widowe	21. IHEREBY CERTIFY, That Itook charge of the	/ , at
" " " " " " " " " " " " " " " " " " "	above, held an walkers thereon and	remains described
(b) Name of husband or wite Fannie Byst		our the evidence
	years (Autopay or Inquiry)	d deceased came
Birth date of deceased mo., day, yr	to Mo death on the day stated above.	
ears Months Days If less than one day	Immediate cause of death	Duration
hr	min Mulial Stevenis	
Birthplace Kusaid	Due to	-
Lauran Cattle Douler	orde to	
Industry or Justiness	Due to	
12 Name Sinhson Constal		
7	Other Conditions	
13. Birthplice / Proserva	(Include pregnancy within 8 months of death)	PHYSICIAN
14 Maiden Name Alaron Canadal	iviajor findings:	PHYSICIAN
15. Bimbplace Brosard	Of operations	Underline the
(a) Internose Sidney Constal	Of autopsy	death should be charged statis-
(6) Address 2925 / Noutalk ane		tiently
Buril 12-13-2	22. If death was due to external causes, fill in the following:	
(Burial, cremation, or removal) (month) (day) (w	a Accident, suicide, or homicide MA	
(c) Cemetery or crematory (1) Chair		
Location Hann Ro	(c) Where did injury occur?	nty) (State
Location Marsh Roll	(c) Where did injury occur?  (City or town) (Cou  (d) Did injury occur about home, on farm, industrial  place? While at wor	place, in public
Location Wash Rd. 1	(c) Where did injury occur?  (City or town) (Cou  (d) Did injury occur about home, on farm, industrial  place? While at wor	place, in public
Location Marsh Roll	(c) Where did injury occur?  (City or town) (Cou  (d) Did injury occur about home, on farm, industrial  place? While at wor	place, in public

3800

## HEALTH DEPARTMENT-CITY OF BALTIMOREG3800

CERTIFICATE OF DEATH 1 PLACE OF DEATH Registered No .... (If ileath occurred in CITY OF BALTIMORE: (No. 432 W. Cross a huspital or institution, give its NAME instead of street and manther.) Lamb of residence in city or town where death occurred year. de, How tone in U. S. H. of f raise bloth? yes, snow, (Usual place of abule) (If non resident sive city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. or Divorced (write the word) 1 SKX 4. Color or Race 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended deceased from w b weel, or d vorce l HAMMA TO ST (or) WIFE of to have occurred on the date stated above, t.J. Jean. 6 DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than 7. AGE Yearn Months Date of oract 1 day ...... hrs. 5-0 or min. E Inde professio, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Other contributory causes of importance 16. I into decenned last worked at 11. Total time (years) this occupation (mosth and ment in this occupation 12. HIRTHPLACE (city or Was an operation performed? (State or country) For what disease or injury? 12. NAME Name of operation 14. BIRTHPLACE (city or town). What test confirmed diagnosis? Was there an autopay? (State or country) 23. If death was due to external causes (violence) fill in also the following 15. MAIDEN NAME Accident, sulcide, or homicide? .... ... Date of Injury .... Where did injury occur? 16 HIRTHPLACE (city or town) (Specify city or town, county, and State)
Specify whether injury occurred in industry, in bome, or in public State or country) place Manner of injury IN BURIAL, CREMATION, OR REMOVAL. 1319 Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? M. D. Bellegetts, Richtrur.

## HEALTH DEPARTMENT-CITY OF BALTIMORE

HEALTH DEPARTMENT—CITY OF BALTIMORE		
63801 CERTIFICATI	TE OF DEATH F 63801	
1. PLACE OF DEATH	Registered No	
CITY OF BALTIMORE: (No. 745 S. DECKER A	ward)  a hospital or institution, give its NAME instead of street and number.)	
Length of residence in city or town where death occurred yrange	mos ds. How long in U. S. If of foreign birth? yrs. mos ds.	
2 PULL NAME JOHN HEIDEL AIFR	specify WAR	
745 S.DECKER AVE.	St., Ward. So. See. 218-07-2947	
(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS	220 1070	
SEX 4. Color or Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 1 10 , 19 9	
MALE WHITE MARRIED	110v. 28 21 10 Dec 10 31	
HUSBAND of ADV TEIDEL AIRR	I last saw h1 Malive on Dre - 10 1939. Death is said	
(or) WIFE of 1866	to have occurred on the date stated above, 9 / 30 pm.	
B. DATE OF BIRTH (month, day, Pear)	The pethologic cause of death and related caused intertrange were as follows:	
7. AGE Years Months 1 day, hre.	Carcinowa of Storaca. ixe.	
A. Trade, profession, or particular kind of work done, as spinner, ICHT WATCH All		
sawyer, bookkeeper, etc.		
mill bank, ClC.	Other Contributory canofol important nacture	
10. Date decreased last worked at this agent in this 20 this eccupation (month and	- AN COUNTY	
12. BIRTHPLACE (city or town) BALTIMORE MIL.	Was an operation performed! Date of	
(State or country)	For what disease or injury?	
12. NAME TOWN HEIDELMATER	Name of operation fluxal 100	
14. BIRTHPLACE (city or town) ALTO. (D.	What test commercial discovery was the an autopart of the fol-	
(State or country)  K 15. MAIDEN NAME INKOMA	23. If death was due to external country (source) and iowing:  Accident, suicide, or homicide? Date of injury 19.	
E TO DE LOVE OF LOVE DE LOVE D	Where did injury occur? (Specify city or town, county, and State)	
16. HIRTHPLACE (elty or town) (State or country)	Specify whether injury occurred in industry, in home, or in public	
17. INFORMANT THE STATE AVE	place	
(Address) 745 S. DECKER AVE.	Manner of Injury	
18. BURIAL, CREMATION, OR REMOVAL	Nature of Injury	
LIL + Toiler ING.	24. Was disease or injury in any way related to occupation of deceased	
19. UNDERTAKER (Address 40.7 S WOLDE ST	- Anthony Velley Y. M. I	
· M + + MIII H.	(Signed) (Address 7	
H. PILED Resident	6214 Jork Ill	
3 1333	301111	

HEALTH DEPARTMENT—CITY OF BALTIMORE F 63802 CERTIFICATE OF DEATH Registered No..... 1. PLACE OF DEATH (If death occurred in 1922 E. Pratt St a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No.... Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. Walter Przybylowski (Powell) If U. S. Veteran 2. FULL NAME apecify WAR (a) Residence: No. 1922 E. Patt St. St., Ward. So. Sec- 220-07-7273
(Unual place of above) St., (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. Color or Race 5. Single, Married, Widowed. 1. SEX 21. DATE OF DEATH (month, day, year) or Divurced (write the word) 1 HEREBY CERTIFY, That I attended deceased from 1939 to Dec, 11. Sa. If married, widowed, or divorced HISBAND of Lena I last saw h alive on Dec. 10 1939 Death is said (or) WIFE of June 15, 1877 to have occurred on the date stated above, at. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than T. AGE Years Months Days Stoman Data at onset Carenorus ? 1 day .... hrs. 62 . Trade, profession, or particular kind of work done, as spinner. Cabnet anwyer, hookkeeper, etc .... 9. Industry or business in which work was done, as slik mill, Other contributory causes of importances saw mill, bank, etc 11. Total time (years) 10. Date decensed last worked at this occupation (month and occupation Tear! 12. BIRTHPLACE (city or town) ... roland Was an operation performed? (State or country) For what disease or injury?-

n. NAME Latthew Przybylowski 14. BIRTHPLACE (city or town) polanic (State or country) Katherine Wueke 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ..... Polano (State or country)

E. INFORMANT Lena Przybylowski (wife 1922 E. Pratt St (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary

10. UNDERTAKER (Address)

Name of operation

What test confirmed diagnosis?

Was there an autopsy " 23. If death was due to external causes (violence) fill in also the foi-

lowing: Accident, suicide, or homicide? Date of injury 19 Where did injury occur?...

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury..... Nature of injury

14. Was disease or injury in any way related to occupation of deceased? WO It so, specify.

(Sind) anton Tungroon 6' (Address) 2579 Early

## F 63803

## CERTIFICATE OF DEATH

F 63803

	CERTIFICATION		
		2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	n +	(a) State / Led (b) County	
Baltimore City, Maryland	Rager Court		
Street addiese		c City or town City or town limits, write RURAL.	and give town)
Hapital or institution	0		cel
	ar days)	d Street No. (If rural give location)	
Length of stay in hospital or	inst. yrs, mos, or days	(e) If foreign born, how long in U. S. A.?	year*
Length of stay in Baltimore	yra, mos., or days		
a FULL NAME	am their	( Assley)	730
IN HELL	3 C Social Security Account	MEDICAL CERTIFICATION	
b) li veteran, name war	No.	20. DATE OF DEATH WESCALLE 7 1937	, at M
Sex 5 Color or race	6 (a) Single, married, widowed, or	The second of the fell	Willia Generio
1.	divorced Single	above, held an sure of nourt	n the evidence
In or			deceased came
(b) Name of husband or wife	e li line give age years	(Autopsy or Inquiry I	
	6 c) If alive, give age years	to he death on the day stated above.	
Birth date of de eased mo	, day, yr	Immediate cause of death	Duration
AGE: Years Months	Days II lean time and		
2/3	hr.	auch alcoholesin	
Birthplace Sall	mod	Due to	
Birthplace	Town, county, and state)		
10. Usual Occupation	elow	Due to	
or a decimal humanass of	en/Coown		
12 Name CNA	a see and	Other Conditions	
# 12 Name	no co.		PHYSICIAN
13 Birthplace		(In lude pregnanty with 1 3 months of death	Underline the
and the same of th	$\sim$	Major findings: Of operations	death should be
14 Maiden Name Zas	noun	Of operations	charg d statis
\$ 15 Birthplace	21- 15	Of autopsy	tically
16 a Informan Max	y ramoules	due to external causes, fill in the	following:
A Address 700	Stirling UX	22. If death was due to external	
1 2	b Date thereof /2/13/3	D. of occurrence	
17 Sunas	month) (de) (yes		unty (State
(Edvini, steamont or Co.	my calvary	(C) Where did injury occurr (City or town) (Co	
(e) Cemetery or cremator	1. 10	d Did injury occur about home, on farm, industri	ork?
Location	19 Co Jua	place? (Specify type of place)	
19 / Funeral director	rykel Janous	Means of injury	M.1
18 (a) Funeral director	E Trusting VX	23. Signature W Jy Medical Lam	
(b) Address / 7	2/11 40 20 8	7/79	
19 (0) 0 4800	" . La y 'sre Megatrar	Date signed by	

VRS

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

94-BRogistered No.

63803		
PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
Street address / 7 00 Julger M	City or town Pall succe (If outside city or town limits, write RURA	
Length of stay in bospital or inst. (yrs., mos., or days)	Speed No. 170 Jacque 10 (11 ripor give location)  If foreign born, how long in U. S. A.?	years
Full NAME Clevard Hood	ATTRICAL CERTIFICATION	7
No.	20. DATE OF DEATH Vicentor 5 1957	130 a M
Sex 5. Color or race 6 a Single, married, widowe divorced	above, held an thereon and from	our the evidence
b) Name of husband or wite time 6 . Weve 6 6	fig Joseph on the day stated above.	deceased came
Birth date of deceased mo. day, yr march // AGE: Years Months Days If less than one day		Duration
Birthplace maryland.	min Cornery Relieseon	
Unual Occupation Relief	Due to	
12 Name Charles Hood	Other Conditions  (Include) regnancy within 3 months of death)	PHYSICIAN
14 Maiden Name Fannic Holl	Major findings: Of operations	Underline the
15. Birthplace Mr. Thuman Hord	Of autopsy	tically
Address 3535 Elyipu Word	1939 (a) Accident, suicide, or homicide	Tollowing
francisco de la companya de mayor de ma	Alexe ( Where did injury occur)	unty) (State
Location Polaried dec	place? (Specify type of place) While at w	onl place, in publicork?
A Address 26 15 17 Chestand Com	(e) Means of injury  23. Signature  (Specify type of place)  Means of injury  Medical Exam	M.
66. 13 1939 1 To the for Millians att	The Date signed / 2,13/39 Medical Plant	

## CERTIFICATE OF DEATH

√47769 ₱ 63805

Registered No.

1. PLACE OF DEATH:  (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
b) Street address 4940 Kastern Avenue	(a) State Maryland b) County
c Hospital or institution:	(c) City or town  Beltimore
BaltimoreCity Hospitals	(If outside city or town limits, write Rt RAL and give town) 425 W. 24th Street
d Length of stay in hospital or inst. yrs., mos., or days 4	mo. affect No.
Length of stay in Baltimore yra, mos., or days 30 y	rs . (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME	
Kva Helfer	
3 (b) If veteran, name war 3 (c) Social Security Ac No.	medical certification  20, Date of Death / 2 - 12 1939, at 255 PM
4. Sex 5. Color or race 6 a Single, married, widow divorced. Widowed	
Name of husband or wife Adem (d)	and that I last saw he ralive on 12 12 1934.
6 c If alive, give age	years Immediate cause of death Duration
Birth date of deceased mo, day, yr. 4/1/1890	Caremona Cervin our 4.
AGE: Years Months Days If less than one da	y neoretas
49 8 11 hr.	min. Due to
9. Birthplace Housewife 1944 9n4 .  (Town, county, and state)  10. Usual Occupation Home  11. Industry or business	Other Conditions
Tohn Amew	PHYSICIAN
Marriand	(include pregnancy within 3 months of death)
13 Birthplace mary Land	Of operations
14 Maiden Name Carrie Himmen	death should be
15. Birthplace Maryland	Of autopsy tically.
16 a Informant	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
0 . 1	19.39 (b) Date of occurrence
17 a (b) Date thereof Nuc / S (month) (day)	IVANTI II (C) WHERE GIVE HIGHES OCCUR.
Cemetery of ciemstory Ballimore	(d) Did injury occur about home, on farm, industrial place, in public
Location 1. north live.	place? While at work?
16 a Funeral director & henowith & Donov	(Specify type of place)
	(e) Means of injury
(b) Address 3615-17 1 Acade Com	23. Signature M. D.
19-40) (horas berne) A Paralle Registr	rar Address alto City Hos for Date signed 212-2
1010100	The state of the s

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5 7 1 1 CERTIFICATI		- Linguis
PLACE OF DEATH: Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State 2. (b) County	
Street address Hospital or institution:	(c) City or town William or town limit, write RURAL  (d) Street No. But 6 74  (d) Street No. But 6 74	, and give town)
Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	yeary
a) FULL NAME Q C D D	ammen	
(b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. / 3, 19 39	. at 9 a. M
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state ed deceased from hose // 1939, to hose and that I last saw homelive on hose /8 19	19.01.
(b) Name of husband or wife 6 (c) If alive, give age years		Duration
Birth date of deceased mo., day, yr. 7-14-39	Bronche prieumonia	5wk.
AGE: Years Months Days If less than one day  5 7 9 hr. min.	Due to Streptococcus and	
Birthplace hortle Carolina - (Town, county, and state)	Due to	
0. Usual Occupation 1. Industry or business	Other Conditions	
1 218	(Include pregnancy within 3 months of death)	PHYSICIAN
	Major findings:	Underline the
13. Birthplace Delaware	Of operations	death should be
14. Maiden Name Cennico Moory -	Of autopsy Piffers brochopmannia	charged statis-
15. Birthplace Toulle Carolina	22. If death was due to external causes, fill in the f	ollowing:
6 (a) Informant Yterrido -	(a) Accident, suicide, or homicide	
h Address	(b) Date of occurrence	
7 (a) Burial (b) Date thereof (month) (day) (year		unty) (State)
Cemetery or crematory Clenton	(d) Did injury occur about home, on farm, industrial place, in publi	
Location Wilmington W.C.	place?(Specify type of place) While at work?	
8 a Funeral director John. o mitchelle Son	(e) Means of injury	va 0
1944 Putale diace	23. Signature Harnal 7. Pu	M. D.
9 DEC 13 1938 thinting for Miliams, M. Registrar	Address John tylin Hopital Date &	igned 12/13/3

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. F 63807

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	40 10 -	
Baltimore City, Maryland 4 2204 CL	(a) State Md (b) County / Jacks	11-11-11
Baltimore City, Maryland  (a) Street address Calvert + 33 7 Sto	Bettenere.	
Hospital or institution:	(If outside city or town limits, write RURA)	and give town)
Union Memorial orospellal,	Wispect No. 104 Suscarry Rd	
b days	off Sirect No. Z	
d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days	(246 :- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	years
e Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	/
(a) FULL NAME Julian S. Jones		
A STATE OF THE STA	MEDICAL CERTIFICATION	/h . // A
(b) If veteran, water wat No.	29. DATE OF DEATH December 12 1939	. av 2:16 PM
Le Constitution of or		d; that lattend-
divorced.	13 1 1939 to Wee	12 1907
male white married	and that I last saw him alive on Dec 12 19	39.
(b) Name of husband or wife		Duration
6 (c) If alive, give age years	Lobar Incumonia	
7. Birth date of deceased (mo., day, yr.) Feb 6 1861	Hart Failure - anuria	
AGE: Years   Months   Days   If less than one day	Due to Chronic cardio - vase nea	
78 10 6 hr. min.	Due to	
ola V.L	disease and bronchilis	
9. Birthplace Offer John, county, and state)	Due to	100000000000000000000000000000000000000
10. Usual Occupation Lawy		
11. Industry or business	Other Conditions	
al oder land	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name & Lee Sources	Major findings:	Underline the
3. Birthplace Richmond Va	Of operations	cause to which
		death should be
14. Maiden Name Julia & Hewart	Of autopey	tically.
15. Birthplace Mayland	22. If death was due to external causes, fill in the fo	llowing:
16 (a) Informant 3 . Sovies		
(b) Address 104 Tuscang Kvad	(a) Accident, suicide, or homicide	
Best of Bose shared to be 1861 .	(b) Date of occurrence	
17 (a) (Burial, cremation, or removal) (month) (day) (year		
bellimont Len	(d) Did injury occur about home, on farm, industrial	place, in public
(c) Cemetery or crematory	while at wor	rk?
Location / Land	(Specify type of place)	
18 (a) Funeral director H Merks was 18	(e) Means of injoy a + p C	d
(b) Address Okeland & Mer Gollole &	23. Signature	1 M. D./
11-12 1030-1-4- K/11	William May No Host Miles	med Tivis
19 (a) the true true to the track the	Address whom whereas programme in	

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Non 808

Action Death.  Saltimore City, Maryland  Street address 700 of blacks of tent address of tent		2. USUAL RESIDENCE OF DECEASED:	
College   Coll	LACE OF DEATH:		
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	Baltimore City, Maryland	(a) State (b) Goanty	,
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	Street address 700 cl lo lostos	(c) City or town Baltimore He	Al and give hiwh
Length of stay in hospital or inst. (yre, mos., or days)  Length of stay in Baltimore (yre, mos., or days)  FULL NAME School B Ge Cucliv  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  O (b) September of the simple received. widowed, or discount.  O (b) September of the simple received. widowed, or discount.  O (compared of the simple received.)  O (compared of the si	Haspinal or institution:	If outside city or town limits, write RUR	09
Length of stay in hospital or inst. (yre, mos., or days)  Length of stay in Baltimore (yre, mos., or days)  FULL NAME School B Ge Cucliv  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  No.  S. Color or race  O (a) Simple received. widowed, or discount.  O (b) September of the simple received. widowed, or discount.  O (b) September of the simple received. widowed, or discount.  O (compared of the simple received.)  O (compared of the si		Ad Street No. 700 CV Swales	
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5. Color or race of (a) Simple, number, widowed, or thinks and the color of the state of the sta	2 C   Security Account	MEDICAL CERTIFICATION	5 mush
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continued of husband or with blency Cacles and that I last saw his alive on the last of the last of deceased mo, day, yr. 1888 1871  AGE: Years Months Days If less than one day hr. min.  Burthplace Months Days If less than one day hr. min.  Industry or business  12. Name Other Condition Chronic references that had been death by the cause to white a live on the cause to whom the cause to whom the addiest the cause to who the cause to who such should the cause to who had the should the cause to who had the cause to who should be cause to who should the cause to who should the cause to who should be cause	6 (a) Signle remied, widowed, or	the state of the s	ated. IDALI ALLEWS
Name of husband or the Henry Cacles  10 Name of husband or the Henry Cacles  11 Sirth date of deceased (mo, day, yr. 1889)  12 Name Months Days  13 Birthplace Andrew Solice  14 Maiden Name Sallie 6. Lee  15 Birthplace Andrew Solice  16 Address Males (b) Date thereof Maria  17 (a) Latormant Maria  18 Date thereof Maria  19 Date thereof Maria  10 Date of occurrence  11 Date thereof Maria  12 Name Sallie (b) Date of occurrence  13 Date deceased (b) Date of occurrence  14 Major findings:  15 Date deceased (b) Date of occurrence  16 Date of occurrence  17 (a) Location following:  18 (a) Funeral director of Maria  18 Specify type of place;  19 Date signed / 2002	Och divorced. Or	ad deceased from May 16. 1927. 1900	0101
Duration  Durati	Linde Journ Cacher	Jahas I last saw hall alive on 6 Miles	1701.
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Here of the control of the country and states  12. Name Other Condition Wrong of the country and states  13. Birthplace of africant for flower of the country of the countr	19/0 0 Haire, green		-
Birthplace    Usual Occupation   Due to   Other Condition Chrunch of death	Birth date of decement in the state one day		
Birthplace Programs Harfords  Usual Occupation Industry or business  12. Name Office Sold Sold  13. Birthplace Harford Sold Sold  14. Maiden Name Sallie Sold  15. Birthplace Harford Sold  16. Address Moslingth Colors  (a) Laformant Moslingth Colors  (b) Date thereof North Colors  (c) Cemetery or grematory Pools Haring Colors  (d) Did injury occur about home, on farm, industrial place, in put place?  (e) Means of injury  (f) Date signed Sold  (g) Means of injury  (e) Means of injury  (f) Date signed Sold  (g) Date signed Sold  (h) Date signed So	AGE: Tears	Due to dendity	
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12. Name Office of afford bo Hole  13. Birthplace of afford bo Hole  14. Maiden Name Sallie b. Lee  15. Birthplace of the Hole  16. Address Washingto (a) Address Washingto (b) Date thereof Washingto (c) Cemetery or crematory Rock Shall Location Balaic Hole  16. Coation Balaic Hole  17. (a) Funeral director of Balaic Hole  18. (a) Funeral director of Rallies hole  19. (b) Address Hole  10. (c) Cemetery or crematory Rock Shallow (b) Date of occurrence (c) Cemetery or crematory Rock Shallow (c) County (c) Cou	1 1 am as business	Other Condition Christian	
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22. If death was due to external causes, fill in the following:  (a) laformant Musicus (b) Address Woolingth (b) Date thereof World (year)  (Burial, cremation, or removal)  (c) Cemetery or crematory World Spring (month) (day (year)  Location Solain Michigan (Specify type of place)  (b) Address Michigan (c) Where did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury (Signature)  (b) Address Michigan (c) County)  (c) Where did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury (c) Michigan (m. D. Date signed / 200)	14 Mardon Name Hallie G Le	wone	harged sat
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(b) Address MC-Bollol, Gleliand for 23. Signature. Date signed / 2 De	(c) Cemetery or crematory . Was	place? While at	work?
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(b) Address/ we . Date signed/2De	8 (a) Funeral director of the Contract of the	A/I I I I I I I I I I I I I I I I I I I	u
9 6 Address ( Park W. Date signed) Sales and	(b) Address Mr. Bollot , Orchist	23. Signature	
Pallo mo	10 DEC a (b) Thurting for Williams, A	Address / / Pay W. Dat	e signed / South
	Name round of reports	pall und	

### CARVIN & SIER BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

TO HOUSE DESIDENCE OF DECEASED.	
Z. USUAL RESIDENCE OF DECEMBER.	1
(a) State	
(c) City or town my Unite PURAL	and give town)
Street No. (If rural give location)	
	yeare
	-,, 5
20 DATE OF DEATH Dec 13 1937	, at /AM
as I with the death occurred on the date above state	d; that I attend-
ad deceased from Dec 7 1935, to the	St. 19.00 I.
and that I last saw hom alive on Acc 12 19	
Immediate cause of death	Duration
marine belowing	-н-ш-ш-п
0 10	In all
Due to Hydronestrones - regul	A STATE OF THE PARTY OF THE PAR
to aded	
Due to Malland	1 month
	PHYSICIAN
(Include pregnancy within 3 months of death)	-
Major findings:	Underline the
. ,,	death should b
Of autopsy Pulmmany Empolms.	tically.
22. If death was due to external causes, fill in the	ollowing:
(a) Accident, suicide, or homicide	0.00.01.01.00
(b) Date of occurrence	
(c) Where did injury occur?	unty) (State)
Did injury occur about home, on farm, industris	I place, in publ
While at we	ork?
(Specify type of piace)	*****
(e) Means of injury	
23. Signature	M. D.
Address VI neversely Horfelat Date o	uknea -1134
	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above state ed deceased from Dec. 7. 19.3.5. to Dec. 1

372597	BALTIMORE CITY HE CERTIFICATE	OF DEATH (15	3310
PLACE OF DEATH:  Baltimore City, Maryland		2. USUAL RESIDENCE OF DECEASED: (a) State Ma (b) County (c)	-
) Street address ) Hospital or institution:	MOPKINS HOSPITAL	(c) City or town Campalis (If outside city or town limits, write RURAL  (d) Street Notiff Calvert	and sive town)
Length of stay in hospital or in    Length of stay in Baltimore (yet)	net. (yrs., mos., or days) 8 deg 2	(If rural give location) (e) If foreign born, how long in U. S. A.?	yeare
(a) FULL NAME TIME	2 Dennis		
(b) If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH \$\infty \alpha / 3  1939	at Has A
male Black	(a) Single, married, widowed or livorced. married	21. I certify that death occurred on the date above states	d: that lattend- 3 1939, 39.
In I define of figerance or	y, yr. 5-5-69	Impodiate cause of death Orterioscleratic heart dis case	26/20 +
AGE: Years Months Day	hr. min.	Due to averiosclerosis	
O. Usual Occupation	own, course state)	Due to	
1. Industry or business	Dennis	Other Conditions (Include pregnancy within 3 months of death)	PHYSICIAN
13. Biruydace Ma-	Zi Zi	Major findings: Of operations	Underline the cause to which death should be charged statis-
15. Birthplace ma	20	Of autopox and by perturby scarring of  22. If death was due to external causes, fill in the fo	tically.
(b) Address	12/14/29	(a) Accident, suicide, or homicide (b) Date of occurrence	
(flurial, cremation, or resolution) (c) Cemetery or crematory	(b) Date thereof (month) (day) (year)	(c) Where did injury occur? (City or town) (Cour (d) Did injury occur about home, on farm, industrial	place, in public
Location . Classes 8 (a) Funeral director	n Halyanden	place? (Specify type of place) While at wor	k?
Dr Address 4345	Horth Went St. My	Address Johns Hopkins Hosp Date sign	M. D.
(Date recently feet 1991) VS 3	SKY	11 7100.000	

### HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALIF	DEPARIMEN	I-CIT OF BALTIMORE
63811	CERTIFICAT	E OF DEATH # 8 F 63811
1. PLACE OF DEATH		Registered No.
CITY OF BALTIMORE: (No		of street and number.)
Length of residence in city or town	where death occurredyru	mos. ds. How long in U. S. If of foreign tirth? yes
		dace If U. S. Veteran specify WAR.
(a) Residence: No. (Usu	al place of abode)	St.,
PERSONAL AND STATIST	CICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 6. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) & Ce / O , 19 39 22.  I HEREBY CERTIFY, That I attended decensed from
Fa. If married, widowed, or divorced HI SBAND of (or) WIFE of	B. Daddan	I last naw her allvo on Dee 10 19 29 Death is said
6. DATE OF BIRTH (month, day, year	)	to have occurred on the date stated above, at
7. AGE Yearn Months	Days If LESS than 1 dayhrs. ormin.	The principal cause of death and related eauses of importance were as follows:  Doto of one-l
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as slik mill, saw mill, bonk, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTIPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation	Other contributory cames of importances  Was an operation performed? — 2500 Date of
18. NAME  14. BIRTHPLACE (city or town)  (State or country)	<b>b</b> .	Name of operation  What lest confirmed diagnosis?  We there an autopsy?  23. If death was due to a ternal causes (violence) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Enaugh Co.	Accident, suicide, or hemicide? Date of injury
17. INFORMANT James. A. Addresse J. 13 Br. 18. BURIAL, CREMATION, OR REMO	unt st.	Manner of injury
DEL 13 1939 thus	house Milians Ho.	24. Was disease or injury in any way related to occupation of deceased?  (Signed) Eddle Cold . Where the M. D. (Address) / 2 50 Local / Fee

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. F 63812

	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:	
Baltimore City, Maryland	(a) State Md. (b) County
Street address	(c) City or town Baltimore (c) City or town Baltimore, write Rt RAL and give town)
and the state of t	
St Josephs Hosp histon	dy Stron So. 728 N. Linwood Ave.
Length of stay in hospital or inst. (yrs., most, or days 45 min	of rural give location)
Length of stay in tiosphar of the stay in the stay in tiosphar of the stay in the stay in tiosphar of the stay in	(e) If foreign born, how long in U. S. A.?
Length of stay in Faltimore (yrs., mos., or days)	
(a) FULL NAME Mrs. Emma H	MEDICAL CERTIFICATION 45
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CELLIS 129 11 0 x
No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. married	21. I certify that death occurred on the date above states; that lattend
	about I last saw hell alive on / alive on
b Name of husband or wife Karry Thorn	1-modicine cause of death / ON COCC Duration
O III allive and	Marine aconada James
7. Birth date of deceased mo., day, yr March 15,1901	I to fullie on way
e ACE. Venre Months Days	Due to the plut euron
38 10% 10 hr. min.	Que to sytemice
and a Rollimore Md.	Due to filmrie program.
9. Birthplace Baltimore, Md. (Town, county, and state)	chary fublicu.
10. Usual Occupation Housewife	Other Conditions
11. Industry or business 80 HOME	PHYSICIA
12. Name Frank Bernat	(Include pregnancy within 3 months of death)
	eause to wh
	Of operations sleath should charged state
14. Maiden Name Klepsa	tically.
15. Birthplace Czeckoslovakia	Of autopsy
1). Disciplace Thorn	22. If death was due to external causes, fill in the following:
16 a Informant Harry Thorn	(a) Accident, suicide, or homicide
b) Address 728 ". Linwood Ave.	(b) Date of occurrence
17 a Burial b Date thereof 12/15/39 (month) (day) (year	(c) Where did injury occur? (City or town) (County) (State
Hural cremation, or removall	(d) Did injury occur about home, on farm, industrial place, in pul
Cemetery or crematory Oak Hill	While at work?
Horners Lane	place? (Specify type of place)
	(e) Means of injury
18 (a) Funeral director Wild 200 Madigon St.	23 Signature M. M. Turryof M. D.
(b) Address 2601-03 E. Madison St.	16 Sandad Hose Durgined
BEC 19 1000 1 + + + Millimenter 1	23. Signature M. R. Turyst  Address St. Josepho Hosp. Date signed  M. D.
Data di pi Digari	

### HEALTH DEPARTMENT—CITY OF BALTIMORE 63813 95.3

CERTIFICATI	E OF DEATH
I. PLACE OF DEATH  ITY OF BALTIMORE: (No. 412 C., Bouldin	Stow Ward)  Registered No.  (If death occurred in a haspital or institution, give its NAME instead of street and number.)  de How long in U. S. If of foreign birth?yrsmosda,
16161 20111	000100100000000000000000000000000000000
Alas. Boulaid	(if non-resident give city or town and State)
(Equal place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  14 Color of Bare   5. Single, Married, Widowed,	21. DATE OF DEATH (month, day, year) DGC 13 , 180
SEX 4. Color or Ruce 5. Single, Married, windows or Divorced (write the word)	22. I HEREBY CERTIFY. That I adminds 1939
HUSBAND of (or) WIFE of	I last saw half alive on to have occurred on the date stated above, atm.
DATE OF BIRTH (month, day, year) June 23, 1857	The principal cause of death and related causes of importance were as follows:
AGE Years Months 1 day,hra.	Patrony come
or mia.	Grand Lucian Grand
8. Trude, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
kind of work done, as spinner, sawyer, bookheeper, etc.  9. Industry or business in which work was done, as silk mill,	Other contributory cancer of importance:
asw mill, bank, etc.  11. Total time (years)  12. Date descensed last worked at this occupation (month and occupation	grantys articles
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Var an operation performed? May Date of
12. HIRTHPLACE (city or town) 1.5 tp. 1.6 (State or country)	For what disease or injury?
B 18. NAME John Batca	Name of operation
18. NAME  14. BIRTHPLACE (city or town)	What test confirmed diagnosis Was there an autopsy?  What test confirmed diagnosis (violence) fill in also the fe
(State or country)	133. If death was substituted in the lowing:  Accident, suicide, or homicide?  Date of injury
E IS. MAIDEN NAME	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in ladustry, in home, or in pub
Suite or country)	
17. INPORMANT	Manner of injury
16. BURIAL, CREMATION, OR REMOVAL Place Colymonopal Data Dec a 10, 19	Nature of injury .  24. Was disease or injury in any way related to occupation of decease
19. UNDERTAKER TOTAL TOTAL	(Stand) Frank V. Marien. M.
Address 19 Registre	(Address) 34 S. East and
1 1990 Thurtury for Policypies,	My

CERTIFICATE OF DEATH

2 Registered No. 2. USUAL RESIDENCE OF DECEASED: Med & County (If out ide city or town limits, write RURAL and give town)

1845 E 2945

(If recall give to as to as) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 20. DATE OF DEATH DEC 12 = 1939 . 112 9 M 21. I certify that death occurred on the date above stated, that lattended deceased from 1-15-1937, to/2-12-1939. and that I last saw hemalive on 12 -12- 1939

menediaty cause of death Pulmonary Embolia. Due to Chrowie mujo cartito and Endo calditis Other Conditions (Include ir gnan v within 3 month of death) Major findings: Of operations

same to which leath should be

PHYSICIAN

3 415

harged statio-Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(h) Date of occurrence

c) Where did injury occur?

(City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? place?

(Specify type of place)

(e) Means of july

23. Signature

4 west Date signed 12-13:39

1. PLACE OF DEATH: a Baltimore City, Maryland E. 29th st (h) Street address 1845 a Hospital or institution d Length of stay in hospital or inst. yrs., mos., or days e Length of stay in Baltimore (yrs., mos., or days) X1/2 Vohn E. Courad 3 c Social Security Account 3 h If veteran, name was 5. Color or race 6 a Single, married, walowed, or 4. Sex White Male 6 1 Name of human wife Horence V. Courad 6 c If alive, give age 7. Birth date of deceased mo, day, yr Mar 14 1 189/ Days If less than one day 8 AGE: Years Months Balto. ml. 10. Usual Occupation Manager of Vaults 11. Industry or business Balto Rational Bank # 12. Name Voka F. Courad 13 Birthplace Balto med 14. Maiden Name Mary B. Laura 15. Bir hplace 16 10 Interment Made Florence V. Courad 16) Address 1845 8. 29 th st 17 (a Burial b) Date thereof 250 /5 3 9
(Burial committee of Cemetery or gematory Carburod (year) Lication Parlariele met 18 a Funeral director Villiana Cook b) Address 1217 St. Paul st

F 63815

VS 8

CERTIFICATE OF DEATH

F 63815

	1 VI -	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland 9	a State / County	
Street address 363 Weston Var	(9)	
Hospital or institution:		Al and give t was
	A Street No. 363 Eveshow	CTUE
d Length of stay in hospital or inst. [yrs., mos., or days]	off real give location)	
Length of stay in Baltimore yrs., mos., or days 8	(e) If foreign born, how long in U. S. A.?	years
	+	
FULL NAME THES TO CAM	voilse.	
b. It veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION	9 ,30.
Strash to No. MUINE	20. DATE OF DEATH LIEU 17 1937	. nt/ PM
Sex 5. Color or race 6 a Single, married, widowed, or	21 I come that death occurred on the date above stat	ted, that lattend-
Late This divoked work	ed deceased from Mry 25 1987, to Me	ce 12195 1.
The state of the s	Tankthat I last saw h to alive on Ale	19 34.
Name of husband or will will the live, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo, day, yr Get 4 1855	Benedardora	4 day -
AGE: Years Months Days If less than one day	- Penti Bernsteles	
Act: 1 and 2 8 hr. min.	Due to	14/22
of the to se	Buildy	
9. Birthplace from count and intel	Due to	
10. Unual Occupation ingest Cleured it		
II. Industry or business	Other Conditions	DUVELCIAN
12 Name of the Schnorts	(Include ) reg an y within a month of death)	PHYSICIAN
	Major findings:	Cause to which
13 Bighplace Julian Malles	Of operations	feath should be
14 Maiden Name With norm / fulls	Of automor	harged satis-
15. Birthplace untemme	Of autopsy	
16 a Information II & chewor &	22. If death was due to external causes, fill in the	
1) Address 363 Evernome 10	(a) Accident, suicide, or homicide	
1 (Quarter & Date thereof 17,14/34	(c) Where did injury occur?	
(moth) (day) (year)	I THY OF LOWER 1	ounty) (State)
Cemetery promoter Car Kurok	(d) Did injury occur about home, on farm, industria	ork?
Location Balto. Co. M.A.	place? (Specify type of place)	
18 (a) Funeral director Wa'lla'ann Cook	(e) Means of injury	
1 Address 1217 St Pan & st	23. Signature Close 10 Lucia	M. D.
19 (0) 0 1 1 1020 6		signed 2/13/3
Date from by higher trust of a - to Contract the lines	Address /	1-12

Registered No.

CERTIFICATI	1 1	
THE REPORT OF LETTING	2. USUAL PESIDENCE OF DECEASED:	
PLACE OF DEATH:	Was -	
Baltimore City, Maryland	a State 6 County	
Street addiese 2211 Coque CAUL	Jullerine	1777
C Hospital or institution	c City or total (if a to de city opt wn limit, write RURAL, and	d give lown)
grathen deat home	15 5711 Page ( And	
1 2 1 A 2 1	d Street No.	
d Length of stay in hospital or inst. yrs., mos., or days	If foreign born, how long in U. S. A.?	year
Length of stay in Baltimore yrs, mos., or days		1/
(a) FULL NAME Jan hors		/
SIM S VICIO ACCOUNT	MEDICAL CERTIFICATION	11
3 (b) If veteran, name war 3 (c) Social Security Account	10 34	8:15
No. MONE	ZU. DATE OF DEATH	
4. Sex 5. Color or race 6 a Single, warried, widowed, or	21. I certify that death occurred on the date above stated; the	7-103
Male That divorced Marrier	ed deceased from DEC 1931. to DEC.	7 107
Viail I him hur.	and that I last saw how alive on DEC. 193	. /
6 b Name of husband or wife Joseph Worker		Duration
6 c Walive, give age		
7. Birth date of deceased mo, day, yarren 4. 18 46	Froncho - preumona	100
8. AGE: Years Months Days If less than one day	93/0.00	
8. AGE: Years Months Days	Due to	
14 14 11		
9. Birthplace Dengill	Due to	
las A B	9 400	
10. Usual Occupation MOAE	Other Conditions thy revolution	
11. Industry or business		PHYSICIAL
- War Hocker	cinclude regnancy within 3 months of death)	-
12 Name Very	Major findings:	to rin t
13 Birthplace Jurmony	Of operations	in to whi
		lark d
14. Maiden Name (Mgore Lill 15. Birthplace Livingony	A SALES	tically.
15. Birthplace Germony	22. If death was due to external causes, fill in the follo	wing:
The Coulded	22. If death was due to external causes, the in the 15th	
16 a Informant 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Accident, suicide, or homicide	
1) Address 2211 Roger 12/14/39	(b) Dute of occurrence	
17 6 Date thereof 12/14/37	Where did injury occur?	y) (State
(Burisl, cremation, or removal) (menth) (may) (year	(d) Did injury occur about home, on farm, industrial pl	
Cemetery or crematory oxago Cons	While at work	1
1 was and	place? (Specify type of place) While at work?	
Location Children Con	(Specify type or place)	
18 a Funeral director //www.	(e) Means of injury	*
13/1/1 mell	23. Signature Gronge O	M. D.
(b) Address	700 N. Stulose Date signe	ed/2-13
19 (4) 1 3020 14 4 4 11. Rewintpur	Address	
VE Completed de de la Contraction de la contract	· C.	

VS 3

# CERTIFICATE OF DEATH TO Registered No.

Baltimore City, Maryland  Baltimore City, Maryland  County  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  20. DATE OF DEATH  POP Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  20. DATE OF DEATH  POP Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  20. DATE OF DEATH  POP Length of stay in hospital or inst. (yrs., mos., or days)  MEDICAL CERTIFICATION  21. Lecrtify that death occurred on the date above estated; that I artended deceased from All Institute of the date above estated; that I artended deceased from All Institute on All Institute of deceased from All Institute on All Inst		- HOULE DECEMBER OF DECEMBED.	
Baldimore City, Maryland  Street address of Stre	. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Street address   Color or neutration:   Common   Color of the public of stay in hospital or institution:   Common   Color of the public of stay in Baltimore (yrs., mos., or days)   Color of the public of stay in Baltimore (yrs., mos., or days)   Color of the public of stay in Baltimore (yrs., mos., or days)   Color of the public of stay in Baltimore (yrs., mos., or days)   Color of the public of stay in Baltimore (yrs., mos., or days)   Color of the public of stay in Baltimore (yrs., mos., or days)   Color of the public of the		(a) State (b) County	
Hospital or institution:  (c) City of town illustry, arise RURAL and give town)  (d) Street No. If you long in U. S. A.?  (e) He of stay in Baltimore (yrs., mos., or days)  (f) Length of stay in Baltimore (yrs., mos., or days)  (f) Length of stay in Baltimore (yrs., mos., or days)  (g) He veteran, natine war  (h) Length of stay in the stay of the state of the stay		Etiternas.	
Length of stay in hospital or inst. (yrs., mos., or days)	Hoenital or institution	(f) City of town limits, write RURA	L and give town)
Length of stay in Baltimore (yra, mos., or days) 4/ 1/2 (if) foreign born, how long in U. S. A.?    Length of stay in Baltimore (yra, mos., or days) 4/ 1/2 (if) foreign born, how long in U. S. A.?    Sex   S. Color or race   G. (a) Single, married, widowed, or divorces		1675 MILTE	fue
Length of stay in Baltimore (yra, mos., or days) 4/ 1/2 (if) foreign born, how long in U. S. A.?    Length of stay in Baltimore (yra, mos., or days) 4/ 1/2 (if) foreign born, how long in U. S. A.?    Sex   S. Color or race   G. (a) Single, married, widowed, or divorces		di Street No. 4000	
FULL NAME	d Length of stay in hospital or inst. (yrs., mos., or days)		
FULL NAME	11142	(e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION  No. NAME  Sex 5 Colorer race of (a) Single, married, widowed, or divorced with the state of deceased or with the state of deceased or the state of the	El Dength of May in Danish	1	
10. Name of husband or wife full in a full in the following:  11. Burth place a full informant f		MEDICAL CERTIFICATION	
Sex 5 Color of race 6 (a) Single, married, widowed, or divorced with the development of divorced with the divorced with	y to the state of	1	11-8
21. Icertify that death occurred on the date above stated; that I attended deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, the deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, to all the deceased from the date above stated in 1939, the deceased from the date above stated in 1939, the deceased from the date above stated in 1939, the date and that I attended deceased from the date above stat	No. NUME		
divorced and that I last saw hair alive on Size . 11 1939.  Birth date of deceased mo. day. yr.  Birth date of deceased mo. day. yr.  Birth date of deceased mo. day. yr.  Birth place Ablifer months and state of the conditions and state of the conditions.  Due to Carling within 3 months of death and the cause to which death should be charged statis tically.  Birth place Address 4, 10 Major findings:  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence (c) Where did injury occur about home, on farm, industrial place, in public place?  (c) Means of injury  Address 4, 1, 1, 2, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	110	21. I certify that death occurred on the date above state	ed; that lattend-
AGE: Years Months Days If less than one day hr. min.  Birthplace Abliance Andrews American and that I last saw heir alive on the Immediate cause of death  Due to Alliers American Major findings:  Of operations  Of autopsy  15. Birthplace  16. (a) Informant Andrews  (b) Date thereof (myth) (very learn)  (c) Date thereof (myth) (very learn)  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  Address  Addres	VII divorced	ed deceased from luce 1 1939 , table	1959.
Birth date of deceased mo, day, yr unu y 1867  AGE: Years Months Days If less than one day hr. min.  Birthplace abulatorro and state to the county, and state to the county of business of must be state to the county of business of must be state to the county of business of must be state to the county of business of must be state to the county of business of must be state to the county of business of must be state to the county of business of the county of business of the county of business of the county of the count		and that I last saw hain alive on See . 11 1	939.
Birth date of deceased mo, day, yr unu y 1867  AGE: Years Months Days If less than one day hr. min.  Birthplace Abliance Months Days If less than one day hr. min.  Committee of deceased mo, day, yr unu y 1867  Birthplace Abliance Months Days If less than one day hr. min.  Committee of deceased mo, day, yr unu y 1867  Birthplace Abliance Months Days If less than one day hr. min.  Cother Conditions  Cother Cond	b b) Name of husband or wife Julia 4 c ave		
Due to CARLINGTON (County)  Burthplace (Abliform County), and state (Include pregnancy within 3 months of death)  Due to Other Conditions  12. Name of the Conditions (Include pregnancy within 3 months of death)  13. Birthplace (Abliform County)  14. Maiden Name (Include pregnancy within 3 months of death)  15. Birthplace (Abliform County)  16. (a) Informant (Abliform County)  17. Abliform County (Include pregnancy within 3 months of death)  18. Address  19. Address  19. Address  10. Usual Occupation  11. Maiden Name  12. Name (Include pregnancy within 3 months of death)  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant (Abliform County)  16. (b) Date thereof (Include)  17. Abliform County (Include)  18. (a) Funeral county (Include)  19. Address  19. Address  10. Usual Occupation  11. Industry or Underline the cause to which death should be cause to which death should b	h (c) It alive, give age ( E years	MAN O CALL TIL	
Due to CARLINGTON (County)  Burthplace (Abliform County), and state (Include pregnancy within 3 months of death)  Due to Other Conditions  12. Name of the Conditions (Include pregnancy within 3 months of death)  13. Birthplace (Abliform County)  14. Maiden Name (Include pregnancy within 3 months of death)  15. Birthplace (Abliform County)  16. (a) Informant (Abliform County)  17. Abliform County (Include pregnancy within 3 months of death)  18. Address  19. Address  19. Address  10. Usual Occupation  11. Maiden Name  12. Name (Include pregnancy within 3 months of death)  13. Birthplace  14. Maiden Name  15. Birthplace  16. (a) Informant (Abliform County)  16. (b) Date thereof (Include)  17. Abliform County (Include)  18. (a) Funeral county (Include)  19. Address  19. Address  10. Usual Occupation  11. Industry or Underline the cause to which death should be cause to which death should b	7 Birth date of deceased mo. day, yr way 4 1867	They were an	
Due to  Other Conditions  Due to  Other Conditions  PHYSICIAN  Other Conditions  PHYSICIAN  Underline the cause to which death should be charged statistically.  It Maiden Name  It Maiden Name  Of autopsy  It death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Address  Of Date thereof the following:  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (E) Means of injury  (E) M. D.  (Include pregnancy within 3 months of death)  Underline the cause to which death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  (f) M. D.  M. D.  M. D.	16 less than one day	D	Wa.
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Other Conditions  11. Industry or business is miles and a control of the cause to which against the ca		Due to	-
Other Conditions  11. Industry or business if many file of the pregnancy within 3 months of death)  12. Name of the pregnancy within 3 months of death)  13. Birthplace of the pregnancy within 3 months of death)  14. Maiden Name of the pregnancy within 3 months of death)  15. Birthplace of the pregnancy within 3 months of death)  16. a Informant of the pregnancy within 3 months of death)  17. Birthplace of the pregnancy within 3 months of death)  18. a Informant of the pregnancy within 3 months of death)  19. Consider the pregnancy within 3 months of death)  19. Consider the pregnancy within 3 months of death)  10. Consider the pregnancy within 3 months of death)  11. Consider the pregnancy within 3 months of death)  12. Name of the pregnancy within 3 months of death)  13. Birthplace of the pregnancy within 3 months of death)  14. Maiden Name of the pregnancy within 3 months of death)  15. Birthplace of the pregnancy within 3 months of death)  16. a Informant of the pregnancy within 3 months of death)  18. a Informant of the pregnancy within 3 months of death)  19. Charles of the pregnancy within 3 months of death)  10. Charles of the pregnancy within 3 months of death)  11. Charles of the pregnancy within 3 months of death)  12. Informant of the pregnancy within 3 months of death)  13. Birthplace of the pregnancy within 3 months of death)  14. Major findings:  15. Birthplace of the pregnancy within 3 months of death)  16. Charles of the pregnancy within 3 months of death)  18. A Death of the pregnancy within 3 months of death)  19. Charles of the pregnancy within 3 months of death)  19. Charles of the pregnancy within 3 months of death)  10. Charles of the pregnancy within 3 months of death should be charged statistically.  10. A Death of the pregnancy within 3 months of death should be charged statistically.  11. Charles of the pregnancy within 4 months of death should be charged statistically.  12. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occ			
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12. Name of the Major findings:  13. Birthplace  14. Maiden Name  15. Birthplace  16. a Informant  17. Address  18. Date thereof  (modith) (day) (year)  (Cemetery or compatory  Location  18. (a) Funeral director  (b) Address  (c) Means of injury  (Specify type of place)  (e) Means of injury  23. Signature  (Include pregnancy within 3 months of death)  Underline the cause to which death should be charged statistically.  Underline the cause to which death should be charged statistically.  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  M. D.			PHYSICIAN
13. Birthplace  14. Maiden Name  15. Birthplace  15. Birthplace  16. a) Informant  17. Address  18. Date thereof  (Burisl, crematical or remarks)  19. Cemetery or crematory  19. Cemetery or crematory  19. County  19. Count	# 12. Namo Litter, Couples 114		
14 Maiden Name  15. Birthplace  16 (a) Informant  17 and Maiden Name  18 (b) Date thereof  (Burial, crematico, or removal)  (Cemetery or compatory  (Did County)  (State)  (Specify type of place)  (A) Address  (B) Address  (B) Address  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (Specify type of place)  (City or town)  (County)  (State)  (City or town)  (County)  (State)  (Specify type of place)	13 Birchologo Al Lorgon Y/ Va		Underline the
Of autopsy  15. Birthplace  16 (a) Informant  16 (a) Informant  17 Address  18 (b) Date thereof  19 (c) Date thereof  19 (month) (dds) (year)  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  M. D.  M. D.	w 16 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Or operations	death should be
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22. If death was due to external causes, in in the color, by Address 400 Months (day) (year)  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Did injury occur?  (g) Means of injury  (h) Did injury occur?  (h) Did in			
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(b) Date of occurrence  (b) Date thereof (month) (day) (year)  (c) Where did injury occur?  (City or town) (County) (State)  (City or town) (County) (State)  (Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (E) Means of injury  (Specify type of place)  (E) Means of injury  (Signature)  (A) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (E) Means of injury  (Signature)  (E) Means of injury  (Signature)  (E) M. D.			
(Burial erematico of removal  (City or town) (County) (State)  (County or county) (State)  (Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (A) Address  (B) Address  (City or town) (County) (State)  (City or town) (County) (State)  (City or town) (County) (State)  (A) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (B) Means of injury  (City or town) (County) (State)  (City or town) (County) (State)  (A) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (B) Address  (City or town) (County) (State)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Specify type of place)  (Burial cremation of rounds)  (Configuration of ro		(a) Where did injury occur?	unty) (Sento)
Location Mille at work?    Continue   Contin	To a good the state of the stat	(City of than)	
Location My John / White of place?  (Specify type of place)  (Specify type of place)  (Address of injury John John D.  (Specify type of place)  (Address of injury John John D.  (Address of injury John John D.  (Specify type of place)	(c) Cometery or computary Large Care	While at we	ork?
18 (a) Funeral director / Most of Could of 23. Signature 2014 Towns of M. D.	. I have I will the 49		
1) Address 17 1 Coul of 23. Signature OVI Will D. M. D.	7/ 11. mad ( 156		
- Call and Bank and water and water	in 1919 11 Coul of	Net /// / with the	
Date signed 14/7	Address 1/ 01 Come UT	Ida AB and water	1
The rect by regularity many many many many many many many man	10 () 14 1939 He + + + 1/11: 11 HE	Address 1817 11 2 wash w & Date s	igned / //
	they rec d by receivary turning the	44	11/

# HEALTH DEPARTMENT-CITY OF BALTIMORE 63818

CERTIFICAT	E OF DEATH /95-P	
1. PLACE OF DEATH  CITY OF BALTIMORE: (No SAIM FOR THE WOMEN  Length of residence in city or town where death occurred yes.	al alreet and num	red in attention. lastend
2. FULL NAME IDA GAUSE  (a) Residence: No. (Usual place of abode)	St.,	State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. Color or Race  S. Single, Married, Widowed, or Divorced (write the word)  White  MI SBAND of Herbert Work  (or) WIFE of Herbert Work  1/// G/OP/	21. DATE OF BEATH (month, day, year)  22. 1 HEREBY CERTIFY, That 1 attended decease  Nov. 26, 18.35 to. Dec. 12,  I last may her alive on Dec. 12, 19.39 Dec.  to have occurred on the date stated above, at 6:35 Pm.	19
7. AGE Yeare Months Days If LESS than	The principal cause of death and related causes of	Para el esset
5. I rade profession, or particular hind of work done, as spinner, as yer, bookkeeper, etc  9. Industry or business in which were was done, as silk mill, asw mill, bank, etc.  16. Date deceased last worked at this occupation (month and year)	CONGESTIVE FAILURE  Other contributory causes of importance:  (IREMIA, (?)	
12. BIRTHPLACE (city or town) Cyl Ca. (State or country)	Was an operation performed:  For what disease or injury!	
16. BIRTHPLACE (clty town) / Menour	What test confirmed diagnosis? Was there an autops  23. If death was due to external causes (violence) fill in all lowing:  Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town) farkenous	Where did injury occur?  (Specify city or town, county, as Specify whether injury occurred in industry, in home, or	nd State)
IN HURIAL CREMATION, OR REMOVAL:	Manner of Injury  Nature of Injury	dayaaya 1
18. (NDERTAKER) John & Fally & Jons (Address) J. 31 Affrication Resistence.  20. 111 11 1020 Howther or Millians M.	24. Was disease or injury in any way related to occupation of the Richard W. Wultung to (Address) Warrans	M. M. D.



### F 63819

Registered No.

	and the same of th	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Maryland (b) County	
(c) Hospital or institution:	(c) City or town Baltimore	1. and with town
Beltimore City Hospitals		z, and kite town)
d Length of stay in hospital or inst. (yrs., mos., or days) 7 day	alf gural give location?	114-
	I Section of the sect	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME George Matthews		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH / 2 - / 3 19 35	at 625 A.M
4. Sex 5. Color or race 6 a Single, married, widowed, or Male Colored divorced. Widowed	21. I certify that death occurred on the date above state ed deceased from / 2 6 1937, to /2	ed, that lattend-
6 b Name of husband or wife Lettie (d)	and that I last saw h/m alive on / 2 /2 19	37
6 o If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo., day, yr. June 17, 1854	Series prototo hypertroply	?
8. AGE: Years Months Days If less than one day	to arrenia	
43 65 5 26 hr. min.	Due to	
9 Birthplace Va.		
(Town, county, and tate)	Due to	
10. Usual Occupation farmer		
11. Industry or business Line Line	Other Conditions	
12. Name Adam	(Include pregnancy within 3 months of death	PHYSICIAN
12. Name Adam Va.	Major findings:	Underline the
	Of operations were	death should be
14. Maiden Name Martha		harged status-
15. B rthplace Va .	Of autopsy	ticulty.
16 a Informant Records	22. If death was due to external causes, fill in the fo	ollowing:
(h) Address Baltimore City Hospitals	(a) Accident, suicide, or homicide	
17 a Removal to 6 Date thereof DAC. 15, 193	(b) Date of occurrence	
(turial cremation, er removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	
(c) Cemetery of committees & organis	(d) Did injury occur about home, on farm, industrial	
Location On an Lock, Virginia	place? While at wor	rk?
18 (a) Funeral director . Edgar Thomas.	(e) Means of injury	
DEM reduces accomac Va	23. Signature a. h. Was lever to	
12 14 1339	1 2	M. D. med/2/3-57
(Date rec'd by registrar)   hamiling to / fill and a fill	Address Date sig	Med ~ 10-07
ve a conte		

### BALTIMORE CITY HEALTH DEPARTMENT 93 F 63820 Registered No. CERTIFICATE OF DEATH

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland  Street address 5// O Cordelia Cive  Hospital or institution:	(c) City or fown Bath.  (d) City or fown Bath.  (lf outside city or town limits, write RURAL  (lf rural give location)	and give town
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME    Jarry Martin Seas   3 (c) Social Security Account   No. None   No. None	20. DATE OF DEATH	at 1.30 M
Male White divorced Married  6 16 Name of husband or wife annie 6. Saus  6 16 If alive, give age 7 1 years	and that I last saw h walive on DE 11 19	
7. Birth date of deceased (mo, day, yr.) July 29-1863 8. AGE: Years Months Days Off less than one day 11. hr. min. 9. Birthplace Westminister Md. (Town, county, and state)	Due to Sclerrais	2
10. Usual Occupation 11. Industry or business  12. Name 13. Birthplace  14. Shane	Other Conditions  (Include pregnancy within 8 months of death)  Major findings:  Of operations	PHYSICIAN  Underline the cause to which death should be charged statis-
16 (a) Informant Franks a. Miller  16 (a) Informant Franks a. Miller  (b) Address 5/10 Cordellas ave  (b) Date thereof Day 14-39	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Comparison of the state of t	ounty) (State)
(Burial cremation, or removal)  (c) Cemetery or crematory Westmunder,  Location Wary and C. Fuiller Jul  18 (a) Funeral director	(d) Did injury occur about home, on farm, industri place?  (Specify type of place)  (e) Means of injury	ork?

VS 3

Act of DEATH: Salkimore City.  Assistance City.		20	Va-
Street address.  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days.)  Length of stay in bospital or inst. (yrs., mos., or days.)  Length of yrs., and in U. 4 1934, at 0.1 1.  Length of or inst. (yrs., mos., or day	MACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	Y Y
Co City divide city or town light, wells kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and giperior (if outside city or town light, well kitch A and g	Balumore City, Maryland	(a) State (b) County	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  1	7406 Guerlan Ko	13-01-00	
Length of stay in hospital or inst. (yrs. mos., or days)  Length of stay in Baltimore (yrs. mos., or days)  FULL NAME    Westeran, or five   sar		(c) City of town ( the city or town limits, write KUR	AL and give town
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME    It veteran, notice   ar   3 (c) Social Security Account   MEDICAL CERTIFICATION	Hospital or institution:	At all of Engla	- (Kol
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME    It veteran, notice   ar   3 (c) Social Security Account   MEDICAL CERTIFICATION		Street No. 1406 Cural give location	
FULL NAME    H veteran, prine par   3 (c) Social Security Account   No.   MEDICAL CERTIFICATION	Length of stay in hospital or inst. (yrs., mos., or days)		
FULL NAME    H vesteran, a time as   No.		(e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION  1	Length of stay in Baltimore tyra, mos., or days,		
Due to  Due to  Distribulace    Distribulace   Dist	FULL NAME OF THE		
Due to.  Distribulace following:  (a) Informant (1)  (b) Address following:  (c) Cemetery or crematory (1)  (d) Date thereof (1)  (d) Date injury occur)  (e) Where did injury occur)  (f) While at work?  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.  (g) Means of injury occur about home, on farm, industrial place, in publication.	January Social Security Account	III. III	
S. Color or race of (a) Single, married, widowed, or divorced.  Name of husband or wife of (c) Dalive give age years of (c) Dalive give age years of (c) Dalive give age years of (c) Days If less than one day hr. min.  Birthplace four four forms of the state of the conditions of the	6) Il veteran, ignore	20 DATE OF DEATH NOCE 14 19	
divorced.    White   divorced.   divorced.	10110-101	or and wife the death occurred on the date above at	ated; that lattend-
Due to    Due to   Du			1214 1939.
Birth date of deceased (mo., day, yr.)  Birthplace folkularin Mulls, Fully  Birthplace folkularin Mull	wall white windower		
Birth date of deceased (mo., day, yr.)  Months Days  If less than one day hr.  min.  Due to  Due to  Other Conditions  Clusual Occupation Pettins  Includery or husiness  It has been been been been been been been bee	Was of husband or wife Clay 9. 1880		Duration
Birthplace Bulletin Mulls, Full, Mills  Usual Occupation Collins  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  (a) Informant (b) Address Hole Collins  (b) Address Hole Companion (b) Date thereof (compth) (day) (year (companion) or companion (compth) (day) (year (companion) (co	6 (c) Valive give age yes	Immediate cause of death	seel
Birthplace Bulletin Mulls, Full, Mills  Usual Occupation Collins  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  (a) Informant (b) Address Hole Collins  (b) Address Hole Companion (b) Date thereof (compth) (day) (year (companion) or companion (compth) (day) (year (companion) (co	1 1 1 (decemed (mo day, v.) May 15,186	of carrier of	1424
Birthplace But Law Grown y and state)  12 Name	If less than one day		
Due to  Usual Occupation Returns  Industry or business  12. Name  13. Britishace  14. Maiden Name  15. Birthplace  16. (a) Informant  17. (b) Date thereof  18. (b) Date thereof  19. (c) Cemetery or cremoval  (c) Cemetery or cremoval  (d) Date thereof  (e) Where did injury occur  (f) Date thereof  (g) Rectify type of place)  (g) Rectify type of place)  (h) Address  (h) Date injury  (h) Address  (h) Address  (h) Date injury  (h) Date injur	AGE: I care of acc	in. Due to	*****
Usual Occupation Reliable  12. Name  13. Brithplace  14. Maiden Name  15. Birthplace  16. (a) Informant  17. (b) Date thereof  18. (b) Date thereof  18. (b) Date thereof  18. (c) Cernetery or cremoval  18. (d) Funeral director  18. (e) Funeral director  18. (e) Address  18. (e) Funeral director  18. (e) Address  18. (e) Address  18. (e) Funeral director  18. (e) Address  18. (e) Address  18. (e) Funeral director  18. (f) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  24. (b) Address  18. (c) Date signed  19. (c) Date signed		T	
Usual Occupation Petroles  Industry or business  12. Name  13. Brithplace  14. Maiden Name  15. Birthplace  16. (a) Informant  (b) Address  (b) Date thereof  (b) Date thereof  (c) Cernetery or crematory  (c) Cernetery or crematory  (d) Date of occurrence  (e) Cernetery or crematory  (f) County  (goppth)	Birthplace Joursain Milly July 198	Due to	
Include pregnancy within 8 months of death)  12. Name  13. Brithplace  14. Maiden Name  15. Birthplace  16. (a) Informant  17. (b) Address  18. (a) Funeral director  18. (a) Funeral director  18. (a) Funeral director  18. (a) Funeral director  18. (b) Address  18. (c) Cemetery or crematory  18. (a) Funeral director  18. (a) Funeral director  18. (b) Address  18. (c) Cemetery or crematory  18. (c) Cemetery or crematory  18. (c) Cemetery or crematory  18. (d) Did injury occur about home, on farm, industrial place, in public place)  18. (a) Funeral director  18. (b) Address  18. (a) Funeral director  18. (b) Address  18. (c) Cemetery or crematory  18. (c) Cemetery or crematory  18. (d) Did injury occur about home, on farm, industrial place, in public place)  18. (a) Funeral director  18. (b) Address  18. (a) Funeral director  18. (b) Address  18. (c) Cemetery or crematory  18. (d) Did injury occur about home, on farm, industrial place, in public place)  18. (a) Funeral director  18. (a) Funeral director  18. (a) Funeral director  18. (b) Address  18. (a) Funeral director  18. (b) Address  18. (c) Cemetery or crematory  18. (d) Did injury occur?  18. (e) While st work  19. (c) Cemetery to pe of place)  19. (e) While st work  19. (f) Did injury occur)  19. (c) Cemetery  19. (c) Cemetery  19. (d) Did injury occur)  19. (e) While st work  19. (f) Did injury occur)  19. (f) Did injur	Rotical farmer	4	
(Include pregnancy within 8 months of death)  Major findings: Of operations  Of autopsy  15. Birthplace  (b) Address / HOL  (b) Date thereof / (Diponth) (day) (year) (c) Cemetery or crematory / (City or town) (County)  Location / (Specify type of place)  (b) Address / (Specify type of place)  (c) Means of injury occur about home, on farm, industrial place, in public place / (Specify type of place)  (d) Address / (Specify type of place)  (e) Address / (Specify type of place)  (f) Address / (Specify type of place)  (g) Address / (Specify type of place)  (h) Address / (Specify type of place)	0. Usual Occupation	Other Conditions	
Major findings:  Of operations  Of autopsy  15. Birthplace  (b) Address / fold California (Day)  (b) Date thereof (Day)  (c) Cemetery or crematory  (d) Did injury occur about home, on farm, industrial place, in public (Specify type of place)  (b) Address / California (Day)  (c) Cemetery or crematory  (d) Did injury occur about home, on farm, industrial place, in public (Specify type of place)  (e) Means of injury  23. Signature  24. Address / California (Underline to whideath should charged stat tically.  (c) Where did injury occur (City or town) (County) (State (Specify type of place))  (e) Means of injury  23. Signature  24. Address / Date signed (14)  Address / Date signed (14)	1. Industry or business	sinkin & manths of death)	PHYSICIAN
Of operations  Of operations  Of operations  Of operations  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (b) Address HOL Date thereof 12 (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  While st work?  (B) Address Address  (B) Address  (B) Address  (B) Address  (B) Address  (B) Address  (C) Where did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (B) Address  (B) Address  (B) Address  (C) Date signed  (C) Date signed  (B) Date signed  (C) Date signed	12 Namelances J. Surger		Underline th
14. Maiden Name  15. Birthplace  (a) Informant  (b) Address / HOL  (Burlal, cremation, or removal)  (c) Cemetery or crematory  (d) Date thereof  (e) Cemetery or crematory  (f) Address  (h) Address  (h) Date thereof  (popth) (day) (year)  (c) Cemetery or crematory  (d) Did injury occur)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (B) Address  (B) Address  (B) Address  (B) Address  (B) Address  (B) Address  (City or town)  (County)  (County)  (County)  (State  (D) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (B) Address  (B) Address  (B) Address  (City or town)  (County)  (Coun			cause to whic
14. Maiden Name  15. Birthplace  (a) Informant  (b) Address  (b) Address  (b) Date thereof  (Burial, cremation, or removal)  (c) Cemetery or crematory  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (b) Address  (b) Address  (c) Where did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (B) Address  (B) Address  (B) Address  (B) Address  (City or town)  (County)  (City or town)  (County)  (Specify type of place)  (Specify type of place)  (B) Address  (B) Address  (B) Address  (B) Address  (City or town)  (County)  (Specify type of place)  (Specify type of place)  (B) Address  (B) Address  (B) Address  (B) Address  (City or town)  (City or t	The Halaur		charged statis
22. If death was due to external causes, fill in the following:  (a) Informant  (b) Address / ff / County  (b) Date thereof  (b) Date of occurrence  (c) Where did injury occur?  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (b) Address  (b) Address  (City or town)  (County)  (State (Burial, cremation, or removal)  (City or town)  (County)  (County)  (State (Burial, cremation, or removal)  (County)  (State (Burial, cremation, or removal)  (May)  (State (Burial, cremation, or removal)  (May)  (City or town)  (County)  (County)  (State (Burial, cremation, or removal)  (May)  (City or town)  (County)  (Coun	14. Maiden Name	Of autopsy	tically.
(a) Informant (b) Address / HO	15. Birthplace July . a. M.	22 M death was due to external causes, fill in th	ne following:
(b) Address HOS (b) Date thereof (ponth) (day) (year)  (c) Cemetery or crematory MC (Quelly (Specify type of place)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (b) Address (b) Address (b) Address (b) Address (b) Address (c) Cemetery (b) Date nigned (c) Cemetery (c) Where did injury occur about home, on farm, industrial place, in public place)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  23. Signature (c) Means of injury (c) City or town)  (City or town) (County) (State (c) Did injury occur about home, on farm, industrial place, in public place)  (Specify type of place)  (b) Address (c) City or town) (County)  (City or town) (County) (State (c) Did injury occur about home, on farm, industrial place, in public place)  (Specify type of place)  (b) Address (c) Cemetery (c) Did injury occur about home, on farm, industrial place, in public place)  (e) Where did injury occur?  (f) Did injury occur about home, on farm, industrial place, in public place)  (g) Means of injury (c) Did injury occur about home, on farm, industrial place, in public place)  (g) Means of injury (c) Did injury occur about home, on farm, industrial place, in public place)  (g) Means of injury (c) Did injury occur about home, on farm, industrial place, in public place)	hill It rounde	22. Il death was due to extensivide	
(c) Cemetery or crematory (b) Date thereof (pointh) (day), (year) (c) Cemetery or crematory (b) County (State (Burial, cremation, or removal) (b) Address (b) Address (b) Address (b) Address (b) Date thereof (pointh) (day), (year) (c) Where did injury occur? (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)  (a) Puneral director (City or town) (County) (State (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)  (b) Address (b) Address (b) Date signed (City or town) (County) (State (City or town) (County) (County) (State (City or town) (County) (County) (State (City or town) (County) (County) (County) (County) (County) (City or town) (County) (County) (City or town) (County) (County) (City or town) (County) (Coun			
(c) Cemetery or crematory Mt. Clines (d) Did injury occur about home, on farm, industrial place, in publication following the place?  (d) Did injury occur about home, on farm, industrial place, in publication following the place?  (Specify type of place)  (b) Address following the manual of the place of		(b) Date of occurrence	
Location foldless Man place?  (Specify type of place)  (Bypecify type of place)	17 (a) Abunda (b) Date thereof (ponth) (day) ()	rear! (c) Where did injury occurr (City or town)	(County) (State)
Location foldless Man place?  (Specify type of place)  (Bypecify type of place)	Mt. Olivert	(d) Did injury occur about home, on tarm, indus	mar place, in public
(b) Address frequences the mans of injury transfer Date signed 14	(c) Cemetery or crematory	While st	work/
(b) Address fleslescels what 23. Signature (w 36 TT). Date signed 714	Location following		()
(b) Address flesher Milians (1) 23. Signature 36 TV. Date signed 714	18 (a) Funeral director // . Clauser	Means of injust	me.
All Date minus	Vi - Vacada IMA	23. Signature	17. D.
Registrer   Address		546 W 36 71. Dar	te signed /
	19 (a 7 A 200 registrar) O Registra	r Adaress v	

CHEALTH DEPARTMENT—CITY OF BALTIMORES 3822 CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No. . . . 4 300 Walther Blod (If death occurred in a hospital or institution, give its NAME instead of street and number.) Length of residence in city or town where death occurred yers. .... mos .......ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos .......ds. 2. FULL NAME / /AX E. WALTHER If U.S. Veteran specify WAR (a) Residence: No. 4300 Walther Ward. S.C. 216-03-1667 (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 3 SEX 4. Color or liare 21. DATE OF DEATH (month, day, year) DEC. 12m 22. 1 HEREBY CERTIFY, That I attended deceased from maried . 1953 to VEC. 11 Sa. If murried, widowed, or divorced HUSBAND of I last saw ham alive on UKC. 11 19 39 Death is said to have occurred on the date stated above, at 10 1/m. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than 7 AGE Months importance were as follows: 1 day, hrs. a or min. HYPERTENUION . Trade, profession, or particular AURRICULAR FIBRILL ATION kind of work done, as apinner, Weller sawyer, bookkeeper, etc ... CORONARY OCCLUSION 9 Industry or business in which work was don . silk mill. Other contributory causes of importance: saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation 12. BIRTHPLACE (city or town) Was an operation performed? --(State or country) For what disease or injury? 13. NAME What test confirmed diagnosis? Carricas as there an autopsy . No 14. BIRTHPLACE (city or town (State or country) 23. If death was due to external causes (violence) fill in also the following: 15- MAIDEN NAME Accident, suicide, or homicide? Date of injury 16. HIRTHPLACE (city or town) Where did Injury occur? (Specify city or town, county, and State)

Decify whether injury occurred in industry, in home, or in public (State or country) place Manner of injury Nature of injury 21. Was disease or injury in any way related to occupation of deceased? Mo If so, spenify Waller & say

# CERTIFICATE OF DEATH 123

F 63823
Registered No.

	PERIDENCE OF DECEASED.	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED: (a) State 222. (b) County	
Baltimore City, Maryland		
Street address 4940 Ductorn ANG. Hospital or institution:	(c) City or town Balto. (If outside city or town limits, write RURAI	, and give town)
Balto, CityHospitals	d siret No. 339 Dolphin St.	
Length of stay in hospital or inst. (yrs., mos., or days) 42 d.s.	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days) 38 Jrs.		X
a) FULL NAME James Landon	(49472) MEDICAL CERTIFICATION	
b) If veteran, name war 3 (c) Social Security Account No.	20 DATE OF DEATH December 11, 19 39	. a20:05 AM
Sex 5. Color or race 6 (a) Single married widowed, or divorced separated	21. I certify that death occurred on the date above state	11, 19 72
b) Name of husband or wife V1016 6 c. If alive, give age years	and that I last saw h im alive on Dec. 11, 19	Duration Heart 193
	Tules ouloses of The kings	march 193
Birth date of deceased mo, day, yr 1990, 1998	Tabusulous of knee joint	match 193
AGE: Years Months Days It less than one day	Topic Desolitie	Nav. 1939
Birthplace Va. (Town, county, and state)	Due to	
0. Usual Occupation		
11. Industry or business	Other Conditions	PHYSICIAN
	(include pregnancy within 3 menths of death)	
12. Name	Major findings:	derline the
13. Birthplace V.	Of operations	leath hold b
14 Maiden Name of Palastin Land	Olembara	tically
15. Birthplace Va.	Of autopsy  22. If death was due to external causes, fill in the	following
16 (a) Informant Formitted Records	(a) Accident, suicide, or homicide	
17 (a Buri al b) Date thereof 12 - 14-3 (month) (day), (year	(c) Where did injury occur?	unty) (State)
Hurial, cremation, or removal	Did injury occur about home, on farm, industri	at place, in pito
(c) Cemetery of Crematory Lon Wids	place? (Specify type of place) While at w	OTK /
Location My Dranecs a. Hemole	(e) Means of injury	
Ent listaluate VV	23. Signature	M. D.
19 (a) a sale truiti a trippliance Mar.	Addres Culto. Co Hospita La Date	aigned 11

### F 63824

# CERTIFICATE OF DEATH

F 63824

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Md (b) County	
Baltimore City, Maryland	n - 2 4 4 ma no	
Street address 4210 Ridgewood Ave Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURA	Al. and give town)
	Street No. 4210 Ridgewood Ave	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days) 71 yrs.		year•
a FULL NAME William Fountain Hi	tahone	
(b) If veteran, name war 3 (c) Social Security Account	- PATE OF DEATH A 2 / 3 . 1939	7. at 4 8. M
(a) Single, married, widowed, or	21. I certify that death occurred on the date above ata	ated; that lattend-
divorced. Married	11 11 11 11 11 11 11 11 11 11 11	
Male Louise Hitchens	and that I last saw have alive on	Duration
O C II and E		syeses
Did los of deceased (mo., day, yr.) Jan 25 1868	agrice continue	
. AGE: Years Months Days If less than one day	Due to Clamo Interde & replientes	2 411
71 10 18 hr. min.	Due to Comme	
Poltimore Md	Due to Cardina Author	24 les.
(Town, county, and state)		
0. Usual Occupation Garage Prop.	Other Conditions	
II. Industry or business	(Include pregnancy within 8 months of death)	PHYSICIAN
12. Name John H. Hitchens	Major findings:	Underline the
13. Birthplace Baltimore ma	Of operations	death should
14. Maiden Name Margaret Jane Fountai	,n	charged stati
15. Birthplace Ellicott City Md	Of autopsy K4.	
randon Hitchens	22. If death was due to external causes, fill in the	
(b) Address 4210 Ridgewood Ave	(a) Accident, suicide, or homicide	
(b) Address 4210 Ridgewood Ave  17 (a) Burial (b) Date thereof Dec 16 19 (month) (day) (year	(c) Where did injury occur? (City or town)	
therein a committee of terrores	(c) Where did injury occurr	County) (State
Tandon UNITE VEIII	(d) Did injury occur about home, on farm, indust	work?
(c) Cemetery of Creman (W)	place? (Specify type of place)	
Location Darry . Usuracoe	Manage of injury	
18 (a) Funeral director Wary	23. Signature Hisbut & Zafefe	M. D.
Address 4204 Bragewood Ave	23. Signature Historist E. Zapipe	ie aigned/2/14/3
19 d 4 1939 M to to the confirmer	Address 3048 N. Korste /te Dat	1.1

VS 6

CERTIFICATE OF DEATH QUE Registered No.

CERTIFICATI		
PLACE OF DEATH: Baltimure City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
Street address Hospital or institution: MERCY HOSPITAL	c) City or town limits, write RURA (If ordered city or town limits, write RURA)  Life Street No. 734	I, and give town)
I Length of stay in hospital or mat. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.)	years
a FULL NAME MOSES WHI	TE	
(b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH December 12 1939	F. at 7 30 M
Sex 5 Color or race 6 a) Single, married, widowed, or divorced	21. IHEREBY CERTIFY, That Itook charge of the re above, held an thereon and from	mains described on the evidence
b) Name of husband or wife 6 (c) If alive, give age years	obtained by said (Autopsy or Inques) to his death on the day stated above.	deceased came
Birth date of deceased mo, day, yr Not Revolution  AGE: Years Months Days If less than one day  hr min.		Duration
Birthplace (Town, county, and state)  10. Usual Occupation	Due to alleroschrisis	
11 Industry or business . Steamship	Other Conditions	
12 Name 13 Birthplace 14 Maiden Name 15 Birthplace 16 10 Mod Renown	(Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline the
16 (a) Informani Bull. Line Stramplif Co	Of autopsy as alimn	death should be charged statis tienly.
16 (a) Informani Bult mel	22. If death was due to external causes, fill in the	following:
17 a Shipt Date thereof /2-/4 3 (month) (day) (year Wayaroso. Ja.	(h) Date of occurrence	ounty) (State)
Location G. Le Hars	(d) Did injury occur about home, on farm, industri	al place, in publi
JEC Aides 03021 E West St	23. Signature Matheat Example	M.C
19 (a) interest dity registrar?	Date signed de 12, 195	

# HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. 1505 W. Favru	Ward)  give Its NAME instead of street and number.)
Length of residence in city or town where death occurred byrs	mosds. How long in U. S. If of foreign birth?yrs. mos ds.
2. FULL NAME Harriet Broo	apecify WAR
(a) Residence: No. 1505 W. Pairwort	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Single Married, Widowd.	21. DATE OF DEATH (menth. day, year) See, 13, 1937
Jenale Colored Widowed	22. Dec. 6 1937 to Doc 13
5a. If married, widowed, or divorced BUSBAND of (or) WIFE of William Brooks	I last saw her alive on Dec 13, 1939. Death is said to have occurred on the date stated above, at 4, 30 m.
C. DATE OF BIRTH (month, day, year)	The principal cause of death and related causes of
7. AGE Years Months Days If LESS than 1 day, hrs.	importance were as follows:
48 or min.	Cardiae hisus-
8. Trade, profession, or particular kind of work done, as spinner.	Siriency 1
sawyer, bookkeeper, etc.	
work was done, as silk mill, saw mill, bank, etc. 111, Total time (years)	Other contributory constrained importance:
this occupation (month and occupation	0 20000000
OR la Jolhia	Date of
12. BIRTHPLACE (cty of town) (State or country)	Was an operation performed? Date of Por what disease or injury?
1	Name of operation Date of
	Was there an autopay'
14. BIRTEPLACE (city or town) (State or country)	22 If death was due to external Causes (Violente
15. MAIDEN NAME unbrown	lowing: Accident, sulcide, or homicide?  Date of injury . 19
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)
State or country)	Specify whether injury occurred in industry, in home, or in pub
1. INFORMANT Was Susie Harris	place
(Address) 1505 w farmer am	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
Place Met Culum During 101. 10	24. Was disease or injury in any way related to occupation of decease
9. UNDERTAKER Mrs / ala V. Williams	10. It Specify Samples of Mary
(Address) 328 produces	(Stenes)
FP FUID Thinking for Holkaus, toking	(Aldrens 1431 UW. Tallette
14 700 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

Registered No. ....

CERTIFICATE	OF DEATH V	
	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH: Baltimore City, Maryland	(a) State 1.1. (b) County	
Street address Hospital or institution.	c) City or town Le 1	AL and give town)
3210.017.703.1.42	d Street No. 220 N. Caroline St.	3
Length of stay in hospital or inst. (yrs., mos., or days) 49 (8.) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.	(e) If foreign born, how long in U. S. A.?	year
man a bia sar		-
h If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH December 9, 193	9 . 12:20 M
Sex 5. Color or race 6 a Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above streed deceased from CC t. 21, 1939, to Decard and that I last saw h 1 m alive on Dec. 9,	0. 9, 1939
b) Name of husband or wife 6 c If alive, give age years		8/1/39
Birth date of deceased mo, day, yr Dec. 25, 1887	Tuba eulosis of the lungs	
AGE: Years Months Days If less than one day hr. min.	Due to	
Birthplace Ga. (Town, county, and state)	Due to	
0. Usual Occupation 1. Industry or business	Other Conditions	PHYSICIA
12. Name Harry Davis	(Include pregnancy within 3 months of death)  Major findings:	t nderline t
13. Birthplace	Of operations	death houd charged tall tically
14. Maiden Name S11V10 ? 15. Birthplace	Of autopsy 22. If death was due to external causes, fill in the	
15. Birthplace 16 (a) Informant Hospital Records	(a) Accident, suicide, or homicide	
(b) Address	(h) Date of occurrence	
17 d (Burn cremation or removal) (b Date thereof (month) (day) (year	Did injury occur about home, on farm, indus	(County) (State strial place, in pul
Commission Commissioner of HEALD	9 place? (Specify type ) While at	work?
18 (a) Funeral director COMMISSIONER OF TRANSITION	(e) Means of injury	
(b) Address Par W. A. Moore		te signed 12-9
19 of 1 1939 gistrar	Address Dallo Die	

PLACE OF DEATH  County	CERTIFICATE OF DEATH F 63
William or City Ballamores Cily	No. Son Cicrusa Frof. St., death occurred in a huspital or institution, give its NAME instead of street and numb
FULL NAME Baby Calborn J. M. Mos. (a) Residence No. # 8 Leberrier avs.	ds w long in U.S. if of toreign birth? yrs. mos.  1 U.S. Veteran, specify WAR  St., Ward.
(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  A COLOR OB-RACE S. SHIGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)  Translate In the Color of the worth)	21. DATE OF DEATH /2 (Day)
married wid well of divorced HI BAND of (or ) If I of	22. I HEREBY CERTIFY, That I attended dece
TE OF MIRTH month, day, and year) St. 12 · 3 9  If LESS than 1 day, 1 c. hrs. or min.	I last saw h alive on
8. Trade, p. ofession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER etc.  9. Industry or business in which work was done as SILK MILL, Crimature suffact SAW MILL, BANK, atc.  10. Data deceased last worked at 11. Total time (years)	Alvi En hora
HRTHPLACE (city or lown) Tharma Point, M. A.  (State or country)	Other Contributory Causes of importance.
A BIRTHPLACE City or town, Crange prille Ta	Name of operation
16 BIRTHFLACE (city or town) Balton I md (State or country)  NEORMANT May John O	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Place MANUELSITY MEDICAL SCHOOL D J.C. 1 4 1939	Manner of injury
NOERTANER COMMISSIONER OF HEALTH	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Acopuse  Aco
Registra.	(Address) To former front, I'm

2000	BALTIMORE CITY HEA	F 63	830
63830	CERTIFICATE	OF DEATHV 1	
PLACE OF DEATH:  1) Baltimore City, Maryland	1 10.0	2. USUAL RESIDENCE OF DECEASED:	
Street address 4100 M	orfolk we	(c) City or town Galtimore RURAL	and give.wn)
Hospital or institution:	V	Street No. 4100 Horfolk	loe
d) Length of stay in hospital or inst.	(yrs., mos., or days)	(e) If foreign born, how long in U.S. A.? 34	years
(a) FULL NAME	- Grossm	are SERVICION	15.
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC 13 1939.	
div	a) Single, married, widowed, or corced.	21. I certify that death occurred on the date above stated	13 121
6 b Name of husband or wile	of If alive, give age 10 years	and that I last saw h in alive on the 13	Duration .
7. Birth date of deceased mo., day	yr. unenown	of liver metastasis to suctions of took	
8. AGE: Yes Months Days	hr. min.	Due to	
9. Birthplace Coma	wn, county, and suffer of	Due to	
10. Usual Occupation Office 11. Industry or business	Manhaveta	Other Conditions (Include pregnancy within 3 months of death)	PHYSICIAN
12. Name to septe 1	maria)	Major findings: Of operations	Underline the cause to which leath should be
14. Maiden Name Lennu 15. Birthplace Ron	e	Of autopsy home	charged status- tically
15. Birthplace Aon	Grossman	22. If death was due to external causes, fill in the formation (a) Accident, suicide, or homicide	ollowing:
h Address 4100	norfolic w/ 39	(b) Date of occurrence	(Clansus)
17	Predul	(d) Did injury occur about home, on farm, industrial  While at wo	l place, in public
Location Puril 104	Leus me	Specify type of place)	
(b) Address. 143	9 E. Balt St	23. Signature  Address 2306 Eulaw Pl Date si	M. D
12 (a) Ent now in Frentrary	Rogistrar	Address 7306 Guide V 1 Date si	g.i.eu

### CERTIFICATE OF DEATH



And the second s	
(a) State Md. (b) County	
(c) City or town Dal Timore	L and give town)
No Home	
(e) If foreign born, how long in U. S. A.?	years
0	. at 2 40 AM
21. I certify that death occurred on the date above stated deceased from U.C. 6 19 39, to U.C.	c. 12 1939,
and that I last saw have alive on Lic. /2 1	9 39
Immediate cause of death	Duration
Ay perturne cardio-vascular descare	mileum.
Due to	
Due to	
Other Conditions	
	PHYSICIAN
	Underline the
	death should be
Of autopsy not dine.	tically.
	ollowing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(c) Where did injury occur?	unty) (State)
11	
place? While at wo	
(Specify type of place)	
I multiple la les	
23. Signature	M. D.
Address Shito Why Horp. Date si	igned 12-12-39
	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I certify that death occurred on the date above state ed deceased from MC. 6 19 39, to Mand that I last saw home alive on MC. /2 1 Immediate cause of death  Major findings:  Of operations  Of autopsy  Linclude preknancy within 3 menths of death)  Major findings:  Of operations  Of autopsy  Linclude or homicide  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Conditions)  (City or town)  (Conditions)  While at we observed the suice of the su

HEALTH DEPARTMENT—CITY OF BALTIMORE 63832 63832 CERTIFICATE OF DEATH Registered No..... (if death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. If U. S. Veteran Length of residence in city or town openity WAR 2 FULL NAME tanover (If non-resident give city or town and State) Ward (a) Residence: No... (Umai place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 13/39.19 21. DATE OF DEATH (menth, day, year) 5. Single, Married, Widowed. I REREBY CERTIFY, That I attended deceased from 4. Color or Bore 22 17-13-39, 19.... I last saw h\_LN alive on 1 3 - 1 3 - 3 9 19 Death is said Sa. If married, widewed, or divorced to have occurred on the date stated shove, at 355n. A. M. OF WIFE of The principal cause of death and related causes of Date of erest 6. DATE OF BIRTH (month, day, year) Glonerulo-neglintes if LESS then Months 7. AGE Ó narqueour osio, sion, or particular sawyer, b 5. Industry or business in which work was done, as all mill, 11. Total time (years) spent in this Dite deceased last worked at this occupation (month and occupation. 12. BIRTHPLACE (city or town) For what discove or injury? (State or country) Name of operation 18. NAME Was there an autopay? 14. BIRTHPEACE (otty or sown) Ballimore What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also de fulma (State or round) lowing: Accident, sulcide, or homicide?...... . Date of injury. 15. MAIDEN NAME amou Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (de or town) Balling (State or country) place ... 11. INFORMANT NA Manner of injury. (Address) IS, BURIAL, CREMATION, OR REMOVAL Nature of Injury 24. Was discuss or injury in any way related to occupation of deceased? Pluce Western Cery Dute . 10. UNDERTAKER MUNUSING Migue 20. FILED.

# CERTIFICATE OF DEATH



NI AGE OF DEATH	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  (i) Baltimore City, Maryland	(a) State M. M. (b) County Back	-
Street address Redword + Fram Pe		
	(c) City or town 3 all with write RURAL	
Hospital or institution:	(II butside city of town interest	
	dyside No. 2228 Osleans	0 4
Length of stay in hospital or inst. (yrs., mos., or days) 5d.	(If rural give location)	No Field pa
	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		1
(a) FULL NAME Chardes & ruess	man	U
(b) If veteran, name war 3 (c) Social Security Account No. 15-18-9521	MEDICAL CERTIFICATION  20. DATE OF DEATH DECEMBER 13 1934	. 10 8 M
Sex   5. Color or race   6 (a) Single, married, widowed, or	and the date above state	ed: that lattend-
divorced. It down	James Dec 1957, to the	13 1937
Harristo Garage	11	34.
(b) Name of husband or wife 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	II	Duration
O (c) If anve, give age years	A STATE OF THE STA	
Birth date of deceased (mo., day, yr.) Dec 5-1867	Brunchopmenny	Iwak
AGE: Years Months Days If less than one day	Due to	
12 hr. min.	Due to	
Birthplace Battimore	Due to	
wn, county, and state		
O. Usual Occupation	Other Conditions apleris relief - U	4
1. Industry or business   Ullot	1) As as a Coronary scale	PHYSICIAN
12. Name Kristian - Jules Mills	(Include pregnancy within 3 months of death)	Underline the
13. Birthplace Germany	Major findings: Of operations	cause to which
		death should be charged statis-
14. Maiden Name organite Contin	Of autopay Winderey	charged statis-
15. Birthplace Lesucoury	22. If death was due to external causes, fill in the fo	ollowing:
6 (a) Informant MY Drussinan		•
(b) Address 2228 Orleans &	(a) Accident, suicide, or homicide	
Busic ADars thereof alle 18	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year	(e) Where did injury occur? (City or town) (Cou	
(c) Cemetery or crematory 13 altruisse ( esse	(d) Did injury occur about home, on farm, industrial	l place, in public
6 allinual	While at wo	)rk?
Location Only (effert of	(Specify type of place)	
18 (a) Funeral director	(e) Means of injury Starley C. Brod	ly
(b) Address 200 5 Miles	23. Signature	M. D
1200 1 1 1 1 2 (b) - 1 To I diagram	Address University to fala Date si	gned of
Dute de d'un restetrar		

## BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HE CERTIFICATE	E OF DEATH	34
Street address Hospital or institution: Length of stay in hospital or inst. (yrs., mos., or days) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State	and give town)
1 3 4 4		
b) If veteran, name war 3 (c) Social Security Account No.	THE OF DEATH	at 5 45
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. married		c.14 1934
(b) Name of husband or wife Clsic Such Syears 6 (c) If alive, give age 4 8 years	Immediate cause of death	Duration 5 days
Birth date of deceased (mo., day, y) June 29. (889)  AGE: Years Months Days If less than one day  by hr. min  Birthplace Ballucian  (Town, county, and state)	Due to Marie Chronie Naphule Due to Ly de UL Phumocorere hoben Phumonie	2 days
1. Industry or business  12. Name Back  13. Birthplace Battaiou	Other Conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline th cause to whice death should b charged statis
14. Maiden Name Carrie Carmon  15. Birthplace Batturior  16 (a) Informant News Elsie Brach  (b) Address 2817 Hinchesta St	Of autopsy  22. If death was due to external causes, fill in the  (a) Accident, suicide, or homicide	following:
(c) Cemetery or crematory Druid Rudge  Location  (b) Date thereof (month) (day) (yet)  (c) Cemetery or crematory Druid Rudge  Location	(d) Did injury occur about home, on farm, industred place? While at we (Specify type of place)	nunty) (State) ial place, in publ vork?
(b) Address Thursday of Misself M.  19 (a) Datewood by registrar)  18 (a) Funeral director John College St. M.  Registrar	23. Signature Stunley & Brust Address University Roofuld Date	signed 12.14

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 63835

ON ACT OF DEATH.	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:  a) Baltimore City, Maryland	(a) State Md. (b) County Balto.
1511 throim St.	~ / A:
b) Street address 1514 Ulrision St.	(c) City or town Salteruol (If outside city or town limits, write BURAL and give town)
Provident Hospital.	If outside city or town limits, write do Rab and are
roram Ive pinas	(d) Syre No. 6 38 N. Ho Swaw St.
d) Length of stay in hospital or inst. (yrs., mos., or days) 4 day	6
I I must of struction Backimpses (see mose or days) - 9	(e) If foreign born, how long in U. S. A.?yeare
e) Length of stay in Bakimore (yrs., mos., or days)	
(a) FULL NAME Eugene Starder	MEDICAL CERTIFICATION A.
3 (c) Social Security Account No. 215-07-9207	20. DATE OF DEATH 12-14- 1939, at 12.40 M
14 / \ C: 1ind_ widowed or	21. I certify that death occurred on the date above stated; that lattend-
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced	ed deceased from 12-11- 1939, to 12-14-1939.
male colored divorced married	and that I last saw home alive on 12-14-19 19
(b) Name of husband or wife Clair Library	I Develop
6 (c) It alive, give age years	Iliabetes Mellitus 440.
7. Birth date of deceased (mo., day, yr.) Clar 22/85	
8. AGE: Years Months Days If less than one day	Due so slightie Coma,
_54 / 27 hr. min.	Che Interstition nephritia ?.
9. Birthplace Galewaite Car Virginia	
A Liberty, and state of	Due to
10. Usual Occupation Laborer	Other Conditions
11. Industry or business	Sheetery of Scrolum PHYSICIAN
12. Name John Warden	(Include pregnancy within 3 months of death)
13. Birthplace Dale White Uniqueia	Major findings:  Of operations  Underline the cause to which
a deside	
14. Maiden Name anna Herris	
8 15 Riethplace Presell Sebral Andy De.	22. If death was due to external causes, fill in the following:
16 (a) Informant W. C. Warden - Du.	22. If death was due to external causes, in the cause of
(A) Address , YII MILL STATIST	
De see al a 0 (h) Date thereof Alle 10 1/131	(c) Where did injury occur? (City or town) (County) (State)
(Burial, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory	While at work?
Location Jugin al	place? (Specify type of place)
THE DIE GIVE AT A PROPERTY OF	(e) Means of injury.
18 (a) Funeral director Man Carline St.	23. Signature 6 17. Malou M. D.
16) Address of 4 2743 to the ton Williams, M.F.	P. De and level Hooked Date signed 12/14/2
(Date red by registrar)  Registrar	Address Provident Poste signed 74 77
(DAV IX GO) INSTANCE	

## CERTIFICATE OF DEATH

13

Regist Gd 63836

	- UCHAL RECIDENCE OF DECEASED.
. PLACE OF DEATH: a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County
ACAO Bootown 180	(a) State
	(c) City or town Balto.
c) Hospital or institution:	(If out aide city or town limits, write RURAL and give town)
Belto. City Hospitals	(4) Sucot No. 2113 howard St.
Belto. City Hospitals  d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days	(If rural give location)
e Length of stay in Baltimore (yrs., mos., or days) 10 yrs.	(e) If foreign born, how long in U. S. A.?
Hayden Parsons	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH Me cuber 12 1939 . 01 935 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Male Colored divorced. Widowed	ed deceased from lec. 4 1934, to the. 12 1939.
	and that I last saw have alive on Mcc. 12 19 39
Name of husband or wife Anns 6 of If alive, give age years	Immediate cause of death Duration
	asteristan pepteros leum with useum a makanons.
7. Birth date of deceased (mo., day, yr ??	
8. AGE: Years Months Days If less than one day	Due to
9 60 hr min.	Diffe to
9 Buthplace Ve .	Down to
(Town, county, and tate)	Due to
10. Usual Occupation unemployed	Other Conditions Tayperleumin
11. Industry or business	PHYSICIAN
12. Name William	(Include programes within 3 months of death)
13. Birchplace Va. ?	Major findings:
	Of operations
H 14. Maiden Name Agnes ?	Intered heart wared being theread matin
15. Birthplace Va.	Of autopsy Hypertoness, Karrel lundings tically.
16 a Informant B.C.H. Records	22. If death was due to external causes, fill in the following:
(b) Address	(a) Accident, suicide, or homicide
	(b) Date of occurrence
17 (a) Remode (b) Date thereof We, 14, 1939 (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
111-11111111111111111111111111111111111	(d) Did injury occur about home, on farm, industrial place, in public
Cemetery of Clematory	place? While at work?
Location December Pa Coll. The Ch. 17	(Specify type of place)
18 (a) Funeral director Mrs. L. U. Clurch Mangle	(e) Means of injury
(b) Address 1129 n. Caroline Street	23. Signature murag sels tea M. D.
DED 41 1830 - 4 4 WILL 11	Add Batto long Nox Date signed 12-18-39
(Hate rec'd by registrar)	H Address Area

### CERTIFICATE OF DEATH

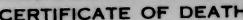
13

Registered No. F 63837

			The state of the s	
PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland b) Street address Baltimore, Maryland		Manufand	(a) State Maryland (b) County	
		e, maryiand	(c) City or town Baltimore	
c Hospital or in		eni tela	(If out ide city or town limits, write Rt RA	d, and give town)
Baltimor	e City Ho	api tara	Sid No. 1428 N. Mount St.	
d Length of stuy	in hospital or i	inst. (yrs., mos , or days)	ilf rural give location)	
		yrs., mos., or days) life	If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME	Frances	Stevenson		
3 (b) If veteran, no	ame war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 12 19 39	. at 410 p.m
		6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated deceased from Uec. 5 19.39, to Ucc	ed; that lattend-
7 0,100 2 0		Klmer	and that I last saw h & alive on elec. 12	939.
h h Name of hu		6 c If alive, give age years	Immediate cause of death	Duration
1) al data (da		ay, yr.) April 20, 1898	Climes glomerulo replicatio with arom	in hubuman.
AGE: Years		lf less than one day	1	
41		2 hr. min.	Due to	
37		id.		
9. Birthplace		Town, county, and state)	Due to	
10. Usual Occupa	tion House	wife		-
II. Industry or bu			Other Conditions Augustusian	walesman.
12. Name	Amos Jacks	on	(Include prognancy within 3 months of death)	PHYSICIAN
			Major findings:	timbert no the
13 Birthplace		Md.	Of operations	en me to which
14 Maiden No	ame Margar	cet Washington		A harged at a-
15, Birthplace		Md.	Of autopey I carried bedongs & whenged hear	
16 (a) Informant	Records		22. If death was due to external causes, fill in the f	ollowing:
		re City Hospitals	(a) Accident, suicide, or homicide	
17 1 Burn	- 0	b Date thereof 12 - 16-39	(b) Date of occurrence	
17 a Suri	nation, or removal	and the state of t	(City or town) (Con	inty) (State)
c Cenietery	or crematory	mt. (alvary	(d) Did injury occur about home, on farm, industria	place, in public
Location	Ball	we met.	place? While at wo	ik)
18 2 Funeral di	Con Con	Larles Har her	(Npecify type of place)	
	SILM	Callerin St. 117	(e) Means of injury neway help fesi	
b Address	1993 4	integration Palacoula My	23. Signature of newaghely fesson Date of	M D gned 12-15-39,
Chate rec'd b	y regultrar)	C Regustrar	Address Dute es	

2. USUAL RESIDENCE OF DECEASED:  Baltimore City, Maryland  Street address. 19 C.  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  A FULL NAME  10	63838	CERTIFICATE OF BEATT	L Codding
Baltimore City, Maryland  Street address. J. 9 C.  Hospital or institution:  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Length of stay in Bolti		2. USUAL RESIDENCE OF DECEASED:	
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  Length of stay in Baltimore (yrs., mos., or days)  FULL NAME  3 (c) Social Security Account  No.  See S. Color of rece (6 (a) Single, married, widowed or diversity  6 (a) If single, married, widowed or diversity  6 (a) If alive, give age years  6 (c) If foreign born, how long in U. S. A.?  70. DATE OF DEATH  12. Lecrify that death opcutred on the date above stated, that I artended deceased from. See 1. (a) 2. (a) 2. (b) 2. (c) 2. (c) 2. (c) 2. (c) 2. (c) 2. (d)		(a) State Md. (b) County	o. C.tu.
Length of stay in Baltimore (yra, mos., or days)   Control	Street address / 196. 704. Hospital or institution:	(c) City or town town lim	its, write RLRA1, and give town)
Length of stay in Baltimore (378, mas, or days)   19   10   10   10   10   10   10   10	Length of stay in hospital or inst. (yre., mo	os., or days)	al give location) A? years
Birthplace   Days   If less than one day   Due to   Due	Length of stay in Bakimore (yrs., mos., or	daye) (e) It foreign born, now long	
3 (c) Social Security Accounts No.  5. Color of rece of Gal Single married, widowed or divorce of divorce of Gal Single married, widowed or divorce of Gal Single Married Single Cal Single Married Single Cal Single Married Single Cal Single Single Cal Single Sin	a) FULL NAME	Nouce MEDICAL CERT	IFICATION O 35
divortion divortion divortion de la faire, give age years  Birth date of deceased (mo., day, yr.) felt. 27 - 1966  AGE: Yeage Months Days It less than one day hr. Due to County  Birthplace Data Marie 12. Name Industry or business  12. Name Industry or business  14. Maiden Name It less than one day It l	No.	20. DATE OF DEATH WIE 16	2 1937, at /1: PM
Birth date of deceased mo, day, yr. 16th. 24 - 1866  AGE: Years Months Days If less than one day hr. Due to	Ser lo S. Color offrace 6 a Single divorted	ad deceased from.	7.10
AGE: Yeats Months Days hr. min.  Birthplace Due to Due to County of Due to Due	Name of husband or will the falive	and the same of death	-0
Birthplace  O. Usual Occupation  I. Industry or business  12. Name  13. Birthplace  14. Maiden Name  15. Birthplace  16. a) Informati  (b) Address  (c) Centetery or trematory  (d) Date thereof  (e) Means of injury occur about home, on farm, industrial place, in public attention  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address	Birth date of deceased mo., day, yr.) fe	1. 27-1866	trouter ho
Other Conditions  Other Conditions  Include pregnancy within 3 months of death)  Underline the cause to white states while the states with the following:  Of operations  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Address  Of Date thereof (a) Date thereof (b) Date of occurrence.  (c) Where did injury occur about tome, on farm, industrial place, in publication.  (d) Did injury occur about tome, on farm, industrial place, in publication.  (e) Means of injury.  (f) Means of injury.  (g) Means of injury.  Other Conditions  PHYSICIAN  Underline the cause to white a causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence.  (c) Where did injury occur about tome, on farm, industrial place, in publication.  (d) Did injury occur about tome, on farm, industrial place, in publication.  (e) Means of injury.  Other Conditions  Other Conditi	AGE: Yeara Months Days		ET)
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. (a) Informati Maiden 17. (a) Market remains or remove the following:  18. (a) Informati Maiden 19. Date thereof  (b) Date thereof  (c) Cerestery or crematory  (d) Did injury occur?  (e) Means of injury.  (fixed type of place)  (e) Means of injury.  (fixed type of place)  (fixed type of place)  (g) Means of injury.  (h) Date signed fixed to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury.  (fixed type of place)  (g) Means of injury.  (h) Date signed fixed type of places	Birthplace Belli Ma	Due to	
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. (a) Information of temptor (b) Address 17. (a) (a) (Bureau temptor (c) Ceretery of crematory (d) Date thereof (s) Parent director (e) Means of injury occur? (Specify type of place) (b) Address (c) Means of injury. (d) Date signed (e) Means of injury. (f) Means of injury. (g) Means of injury. (h) Address (h	0. Usual Occupation		PHYSICIAN
Major findings: Of operations  Of autopsy  14. Maiden Name 15. Birthplace  Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide (b) Date thereof (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about frome, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury.  (f) Means of injury.  (g) Means of injury.  (h) Address  (h) Address  Address  Address  Address  Address  Address  Address  Address  Address	Gerren 110		nths of death)
14. Maiden Name  15. Birthplace  16. (a) Informati W.  16. (a) Informati W.  17. (a) Address  (b) Date thereof month (day)  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury.  (f) Where signed finally.  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury.  (f) Means of injury.  (g) Means of injury.  (h) Date signed M. D.  (h) Address	12. Name		cause to which
15. Birthplace  16 (a) Informate 1	13. Birthplace	The L	charged stati
16 (a) Informatic Manager (b) Address  17 (a) (City or town) (County) (State)  (City or town) (County) (State)  (City or town) (County) (State)  (Did injury occur abourtiome, on farm, industrial place, in publication  (Specify type of place)  (e) Means of injury  (b) Address 14 70 A  (b) Address 14 70 A  (c) Where did injury occur abourtiome, on farm, industrial place, in publication  (d) Did injury occur abourtiome, on farm, industrial place, in publication  (e) Means of injury  (f) Means of injury  (g) Means of injury  (h) Address 14 70 A  (h) Address 14 70 A  (h) Address 14 70 A  (h) Address 15 70 A  (h) Address 16 70 A  (h) Address 17 70 A  (h) Address 18 7		Of autopsy	
b) Address  (b) Date thereof month (da) trans  (c) Cerestery or crematory  (c) Cerestery or crematory  (d) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury.  (f) Where did injury occur about home, on farm, industrial place, in publication  (g) Where did injury occur about home, on farm, industrial place, in publication  (h) Did injury occur about home, on farm, industrial place, in publication  (e) Means of injury.  (f) Means of injury.  (g) Means of injury.  (h) Address	N/ //www.	La U . Voyce 22. If death was due to external co	Auses, thi in the
(c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about frome, on farm, industrial place, in publication  (e) Means of injury  (b) Address 14 25  (b) Address 14 25  (c) Where did injury occur?  (City or town) (County) (State)  (City or town) (County) (State)  (Did injury occur about frome, on farm, industrial place, in publication  (e) Means of injury  (f) Means of injury occur.  (g) Means of injury  (g) Means of injury  (h) Address 14 25  (h) Address 15 26  (h) Address 16 26  (h) Address 17 25  (h) Address 17 25  (h) Address 17 25  (h) Address 18 26	16 a Informati Mu	(a) Accident, suicide, of nonnection	
(d) Did injury occur about frome, on farm, industrial place, in public commence of the control o		ered 12/16/27 Where did injury occur?	
place? (Specify type of place)  (e) Means of injury Little 6. Little  23. Signature  Address 14.76  (b) Address 14.76  (c) Means of injury 21.6  (d) Means of injury 5.6  23. Signature  24. Address 92.81  (e) Means of injury 6. Little  24. Address 92.81  (f) Means of injury 6. Little  25. Signature  26. Address 92.81  (g) Means of injury 6. Little  26. Address 92.81  (g) Means of injury 6. Little  27. Signature  28. Signature  29. Signature  (g) Means of injury 6. Little  29. Signature  29. Signature  29. Signature  (g) Means of injury 6. Little  29. Signature  29. Signature  (g) Means of injury 6. Little  (g) Means of injury 7. Little  (g) Means of injury 7. Little  29. Signature  (g) Means of injury 7. Little  (g) Means of injury 8. Little  (g) Means o		month (dar) (year)	on farm, industrial place, in pub
(e) Means of injury Little 6. Little  23. Signature  24. Address 14. 76 h  William Mark Address 92.81. Chan Hate signed 14.15	(c) Cemetery or crematory		W Hite at
(b) Address 14 76 h to the signed 14/3	Location Asiacrof	(Specify type of party)	ctor
(b) Address 14 10 met to White and Mark Address 9281, Char Bute signed 1413	18 a Funeral director C. Accord	19/	har 6 Mull
19 (0) FC 1 4 19 (0) 1 Address / Address	10/10/10/	1 Win 9284 Ch	W. Wate signed /2/14
	19 (DEC 14 19 (0) + C	Registrary Mark Address	110

# CERTIFICATE OF DEATH



31019 - RB B F 63839
EPARTMENT PROGRESSION Registered No.

b) Street add c) Hospital of Bald	City, Maryland dreas 4940 Eas or institution; timo re in ty		2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town Baltimore  (If outside city or town limits, write Rt'RA  (d) Street No. No Home  (If rural give location)  (e) If foreign born, how long in U. S. A.?	L and give town)
(a) FULL NA	MC			
	John Luc	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Uscurber 10 1939	440 AM
Sex Male	5. Color or race White	6 (a) Single, married, widowed, or divorced. Single	21. I certify that death occurred on the date above stated deceased from 34.2/ 1938, to 4 and that I last saw h saw alive on 140.10	ed; that lattend-
	of deceased (mo.	6 ic If alive, give age years	Immediate cause of death 6?) Chelles al Stansa Gores	Dyratica & days.
AGE: YOUR BOOK BUTTON	Mogths 1 7 11 7 Russia	23 ? If less than one day 23 ? hr. min. (Town, county, and state)	Due to	
0. Usual Oc	cupation Non		Other Conditions generalized artinordeurs	when.
12. Name 13. Birthi	Place Russia	la.	(Include pregnancy within 3 months of death)  Major findings: Of operations  Of autopsy  met dene	tinderline the cause to which death should be sharped statis-
15. Birthy 16 (a) Infor (b) Add 17 (a) (c) Cem	man' Record		22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide (b) Date of occurrence	unty) (State) I place, in public
18 (a) Fund 19 (a) Add 19 (a) L	4 1920 (6)	of Jahry than	(e) Means of injury, mwaghelites	M. D. igned /2-/2 - 39

# CERTIFICATE OF DEATH



	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State Md (b) County	
Street address	(c) City or town Baltunia, write RUR	1 1 1 1 1 1 1 1 1
11 1 - institution:	off out ide city or town I mit, wr te RUK	Al and give town)
St. Josephis Has pulled	Street No. 2206 E. Worth	h ane.
Length of stay in hospital or inst. (pre-mose or days) I hr	e If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	(e) It foreign born, now long in or other	
(a) FULL NAME Souther W	yd	
1 16 meteran name wat 3 (c) Social Security Account	MEDICAL CERTIFICATION	2 3 10
b) If veteran, name war No. 2/2-05-3095	20 DATE OF DEATH Sec. 14, 193	4. at 3 A. M
4 Single married widowed, o	The tale death occurred on the date above sta	sted, that lattend-
divorced	I described from Dec. 14 1985, to No	CIT INDI
Femile West Sungle.	and that I last saw her alive on Dec ,1 4	19 3 7 .
h Name of husband or wife		Duration
6 c It alive, give age	. O. Teles usual hervely	1 2 ano.
Birth date of deceased mo, day, yr fur. 4, 1906	authorized	
ACE. Years Months Days If less than one day		
3 2 10 8 hr. mir	n. Due to	
De hid.		
9 Birthplace Bulk now Mids	Due to	
10. Usual Occupation were traces	4	
11 Industry or business & referre Metril	Other Conditions	
II Industry of our many	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name John & Muyd	Major findings:	t nderline th
13 Birthplace Sacto Mas.	Of operations	muse to which
- 4 D 100000		death hand h
14 Maiden Name Margaret & unroy	Of autopsy alune	tically.
15. Birthplace Callo fleck	22. If death was due to external causes, fill in the	e following:
16 (a) Informant decly Milyd	22. It death was due to external course	
16 in Informati Co and I by Lu sine	(a) Accident, suicide, or homicide	
Madres V & L. L. J. J. Part of the Co.	(b) Date of occurrence	
17 a Querial (month) (day) (re		county) (State)
Cemetery or crematory I have aludion in	(d) Did injury occur about home, on farm, industr	work)
The second of th	place? (Specify type of place) While at	WOIKI
to the second New	. 1	7
18 a Funeral director / way	(E) Means of my Mary (P Turney)	
(b) Address 1 x / 6 4 Charles 1		
the Enton Milians Mit	Address St. Jouples Horp Date	signed
Hegitrar	# # #	

# CERTIFICATE OF DEATH

134

Registered No.3841

()()()1.	
PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Baltimore City, Maryland	(a) State 1
	nol+imore Md.
Street address Hospital or institution:	(c) City or town R ?- William William (c) City or town limits, write RURAL and give town)
Hospital or institution:	A MAS P Desites St.
money	(d) Street No
Length of stay in hospital or inst. (yrs., mos., or days 129 kg	Years Years
Length of stay in Baltimore (yra., moa., or days)	(e) If foreign born, how long in U. S. A.?
The state of the s	
a FULL NAME	MEDICAL CERTIFICATION
(b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH Dec. 13 19 ST. atli MA M
No.	20. DATE OF DEATH
Sex   5. Color or race   6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that I attend-
I de white givored manua	ed deceased from here 1931, to All 1931.
A Name of husband or wife	I Destina
6 (c) If alive, give age years	Immediate cause of death
Birth date of deceased (mo., day, yr.)	Cachyra
AGE: Years Months Days If less than one day	Due to impaned unal
43 ht. mig	Due to more
Y 4 3 4	Due to smillight
Birthplace (Town, county, and state)	Colorale , H.
0. Usual Occupation C	Other Conditions.
1. Industry or business	PHYSICIAN
12. Name Vanner Frank	Include pregnancy within 3 months of death)
13. Birthplace	Major findings. millight unal cause to which
C days egg ?	Or operations death should be charged stati
14. Maiden Name	Of autopsy tically.
15. Birthplace	22. If death was due to external causes, fill in the following:
16 (a) Informant	(a) Accident, suicide, or homicide
(b) Address ZADA E. Preston St.	(b) Date of occurrence
b Date thereof D. Canalys	(a) Where did injury occur?
(Burial, cremation, or removal) (month) (day) (yet	(d) Did injury occur about home, on farm, industrial place, in publication
(c) Cemetery or crematory	While at work?
Location 11. G. B.	• place? (Specify type of place)
18 (a) Funeral director Frault Tella mel	(e) Means of injury
no M. Morley Suc	23. Signature M. D.
19) Address A 1000 + + + WII:	110
19 MLU 12 Manual	Address 1.

# CERTIFICATE OF DEATH



		The state of the s	The second secon
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		(a) State Mar land (b) County	well
(b) Street address (Than 1 I'k Drive and 31st St. (c) Hospital or institution:			
	tal, Baltimore, Md.	(e) City of town nion ries, write RUR	AL and give town)
	net. (yre., mos., or daye) 10hrd .	Wreet No. (If roral give location	
		(46) If foreign born, how long in U. S. A.?	
	re, mos., or days). X., Y.AA.	1 ves it foreign born, how long in U. S. A.?	yeare
3 (a) FULL NAME	BAR COOVER		
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	
	No. Hone	20. DATE OF DEATH 190 . 13, 193	9 , at 11:40M
d	(a) Single, married, widowed, or ivorced.	21. I certify that death occurred on the date above sta	
1414   1445e	Single	ed deceased from 1,000 15 19 39, to 10	
6 b Name of husband or wife	de la companya del companya de la companya del companya de la comp	and that I last saw him alive on Lec. 13,	19 39
	(c) If alive, give age years	Immediate couse of death	Duretion
7. Birth date of deceased mo., day		Coronary thrombosis	In many me are
8 AGE: Years Months Day			-
48 6 27	hr. min.	Due to	
9. Birthplace		D	-
	iwn, county, and state) in clerk	Due to	
11. Industry or business	Fortland Cement Co.	Other Conditions	
12. Name John W. Coor	ver		PHYSICIAN
	in County, Pa.	(Include pregnancy within 3 months of death) Major findings:	
		Of operations	Underline the
0	Mathilda Ogle		death should be
15. Birthplace	11 County, Md.	Of autopsy NONE	tically.
16 (a) Informant		22. If death was due to external causes, fill in the	following:
(b) Address Boltimoro,		(a) Accident, suicide, or homicide	
	Date thereof 12/ 17 /39.	(b) Date of occurrence	
(Burial, cremation, or removal)	(month) (day) (year)	(City or town) (Con	unty) (State)
c) Cemetery or crematory	selvera Po	(d) Did injury occur about home, on farm, industria	
Location Supplied	Of Technical and	place? While at wo	)rk?
18 (a) Funeral director	The survey trous	(e) Means of injury.	
(b) Address	or a . come.	23. Signature	N D
19 (a) (b) (b)	- to too Milliams, M.)	Address U. S. Marina los M. Date ei	gned la
VR 3	7	Maltimore, M.	1 7.
15 3	· ·	more of Charles M. D. Chap M	the comen

	2
DEPARTMENT O	Registered No.
BALTIMORE CITY HEALTH DEPARTMENT	E C2913
CEPTIFICATE OF DEL	Ti popular
63843 CERTIFICATE  2. USUAL RESIDENCE OF DECEASE	CD:
MAA 23 Cou	n!y
ACE OF DEATH:	
Bal imore City, Maryland Street address //34 Etting M  (c) City or nown Bullion  (d) State  (d) State  (e) City or nown Bullion  (i) City or nown Bullion  (ii) City or nown Bullion  (iii) City or nown	yn limits, write RURAL and give town)
	ing Of
Hospital or institution:	If ural give location
Length of stay in hospital or inst. (yrs., mos., or days)	U. S. A.?
Length of stay in hospital or inst. (yrs., mos., or days)	
Length of stay in Baltimore Vis.	
FULL NAME PRITH A. Smith MEDICAL O	certification and a miles of the remains described took charge of the remains described
Security Account	1917, at
No. 20. DATE OF DEATH NO.	Look charge of the remains described
5 Color or race 6 (a) Single, married, widowed, or 21. IHEREBY CERTIFY, That	Stook charge of the remains described thereon and from the evidence
See 5. Color or race 6 (a) Single, married, widowed, or 21. I HERED a Day of Ind.	
F Cal printh obtained by said (Autores of )	find that said deceased came
and the wife of the control of the c	ated above.
(b) Name of husband or wife (c) If alive, give age years to the death on the day at	Duration
lamediate cause of death	
Dark date of decement	lun.
AGE: Years Months Days If less than one min Cornary OZ	Chista
The state of the s	
Marine part	
9. Birthplace / Gunty, and state)  / Yousevift Due to	
10. Usual Occupation	
11 Industry of Justiness	PHYSICIAN
11. Industry or husiness  Other Conditions  (Include pregnancy with	n 3 months of death
	therline the
13 Birthplace Major findings: Of operations	death should be
	charged statis
W	tically
y whom we struck the ex-	gernal causes, fill in the following:
16 a) Informant 1134 Etting (a) Accident, suicide, or 1	nomicide Mr
1 /2 ~ /b~//2/ Day of occurrence	
17 ( Date of occurrence (nienth) (day) (year) (b) Date of occurrence (nienth) (day) (year) (c) Where did injury occurrence (c) Where (c)	(City or town) (County) (State)
Where did might	(City of town)
To A Milder working	home, on farm, illining
Cemetery or grematory mut Culture Country of Did injury occur about	While at work?
Cemetery or crematory met Culture Twill de Did injury occur about	While at work?
Location of Exalport The Giften of Manne of injury occur about the Control of Did injury occur about the Con	of place)  Mhile at work?  MM
Location of Explosion T. G. Giffern of Means of injury occur about the Company of the Means of injury occur about the Company of the Means of injury occur about the Company of the Means of injury occur about the Company of the Means of injury occur about the Company of the Company of the Company occur about the Compa	While at work?
Location of Exalport The Giften of Manne of injury occur about the Control of Did injury occur about the Con	of place)  Mhile at work?  MM

VB B

63844

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2- Registered NG3844

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address Redwood Pulline Sto	(a) State MD (b) County BALT	0
b) Street address / Uawwal / www.	(c) City of town Ballunal	
c) respital or institution.		RAL and give town
Tumeraly Hogetal	Mid Sweet No. 4606 Cedar Yarden	
d) Length of stay in hospital or inst. (y, or days)	of Street No. To G Cant Laurence (If repail give location	
- A A		.,
( Length of stay in Baltimore (yrs., mos., or days) 23 ye	(e) If foreign born, how long in U. S. A.?	yean
(a) FULL NAME Mr Beneard Ferry		
3 (b) If veteran, pame war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
None (None)	20. DATE OF DEATH Like 13 19	1 at 11:50 PM
Sex 5. Color or race 6 (a) Single, married, widowod, or		
male write dimmarried	21. I certify that death occurred on the date above at	
1/40	ed deceased from Llac 3 1937, to wh	
(b) Name of husband or wife Mathariuse Gyrux	and that I last saw h An alive on wee 13	19
6 (c) It alive, give age year	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr. Much 31/1886	My eloid Leukenna (Cherin	6/
8. AGE: Years Months Day		
5 3 1 10 hr. min.	Due to	
9. Birthplace Pennsy Crawa		
(Town, county, and state)	Due to	
10. Usual Occupation Phy Securit		
11. Industry or business	Other Conditions	
12. Name games Tury		PHYSICIAN
	(Include pregnancy within 3 months of death)  Major findings:	THIOLEIAN
13. Birthplace Feland	Of operations	Underline the
14. Maiden Name Mary hullipur		death should be
15. Birthplace Theland	Of autopsy	charged statis-
		tically.
16 (a) Informant Wayned Ruesto.	22. If death was due to external causes, fill in the	following:
(b) Address	(a) Accident, suicide, or homicide	•
17 (a) Surial (b) Dato thereof 1 16/1939	(b) Date of occurrence	^   •
(Burial, cremation, or removal (month) (day (year)	(c) Where did injury occur? (City or town) (Co	unty) (State)
(c) Cemetery or crematory Cathernal	(d) Did injury occur about home, on farm, industria	
Location N A 10	place?	ork?
18 (a) Funeral directling To Walle How Sec	(Specify type of place)	
11X W. WHR 04 101 Wre.	(e) Means of injury	
DE COPE HIS HE HAVE	23. Signature G.	T MAI
(Date rec'd by registrar)  Registrar	Address Commenty dous Date si	gned /1/11/1
(Day et Cop regional)		11

50842 SD

CORAS CERTIFICATE	E OF DEATH 95-P Regintered No.
	2. USUAL RESIDENCE OF DECEASED:
PLACE OF DEATH:	
Baltimore City, Maryland	(a) State Maryland b) County
4940 Eastern Avenue	Deltimore
Street address	(c) City of town Baltimore (c) City of town limits, write RURAL and give town)
Hospital or institution: Baltimore City Hospitals	118 S. Market Street
1 324	(d) Street No. (1f rural give location)
to the form in boanital of Inat. (VIII., III.)	III A CONTRACTOR OF THE CONTRA
(a) FULL NAME Charles Smith	
12 (1) Secretary Account	MEDICAL CERTIFICATION
b) If veteran, name war 3 (c) Social Security Account	20. DATE OF DEATH Descenter 9 1939, at 920 AM
No.	20. DATE OF DEATH CONCERNS
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
M White divorced. Single	1937 to 200.
	and that I last saw h was alive on the 19 37.
(b) Name of husband or wife	Duration Duration
6 (c) If alive, give age	arterior Menta Ment Dixuse manum.
Birth date of deceased (mo., day, yr.) 7/17/1877	
AGE: Years Months Days If less than one day	Dues
62 4 22 hr. min.	Due to
•	
Birthplace Maryland (Town, county, and state)  O Usual Occupation Laborer	Due to
Laborer Laborer	
io. Obdai Occop	Other Conditions
11. Industry or business	(Include pregnancy within 3 months of death)
12. Name Louis Smith (d)	Inderine of
13. Birthplace Beltimore	Major findings:
13. Birthplace	charged stati
14. Maiden Name May Regens (d)	t d a c
Baltimore  15. Birthplace	1) (// Alifophy
· · · · · · · · · · · · · · · · · · ·	22. If death was due to external causes, fill in the following:
16 (a) Informant Records	(a) Accident, suicide, or homicide
b Address Baltimore City Hospitals	(b) Date of occurrence
(b) Date thereof	(c) Where did injury occur? (Clay or town) (County) (State)
17 (a) (Burial, cremation, or removal) (month) (day) (year	(d) Did injury occur about home, on farm, industrial place, in pub
Cemetery or cremetory minus engant DFC 1 4 1939	TILL A MORK
THE ALER A MEDICAL SOURCE DE TE	place? While at work?
Location Lompiessioner of health	
18 a Funeral director VIIIIIIISSIULE VI IIIGILI	(e) Means of injury
	23. Signature M. D.
(b) Address Per M. A. Moore	23. Signature Batto Cot Storp Date signed 12-12
19 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	All Madrices All
Tibate No. 6 October 1980	O
VS 3	

### HEALTH DEPARTMENT-CITY OF BALTIMORE

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M	1	)(	"		ч	и

CERTIFICATE OF DEATH

54-3 F 63846

1. PLACE OF DEATH  CITY OF BALTIMORE: (No. Mount Hope Se  Length of residence in city or fown where death occurred/8 yrs.  2. PULL NAME Seed 4 St Tank  (a) Residence: No. Mount Hope Patrial  (Usual place of above)	moeda. How long in U. S. if of foreign birth?yrsda.  1! I. S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. Color of Bace  Jernale  Sa. If married, widewed, or divorced  HUSHAND of  (or) WIPE of  6. DATE OF BIRTH (month, day, year)  March 17-18-36  7. AGE  Years  Months  Days  If LESS than	21. DATE OF DEATH (month, day, vent) Secender /4, 1939  22. I HEREBY CERTIFY, That I attended deceased from 128, to Secender /4, 1939.  I last naw how alive on Security /3, 1939. Death is said to have occurred on the date stated above, at 12 gam.  The principal cause of death and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as spinner, savyer, biokkeeper, etc.  5. Industry on business in which work was done, as silk mill, saw mill, bank, etc.  10. Dute deceased last worked at this occupation (month and year)  12. BINTHPLACE (city or town)  (State or country)	Other equiributory causes of Impurance:  Arterior derveri  Tibrory vare of Utomo  Senils Damentino  Vio an operation performed?  1290
14. RESTRELACE (city or town)  (State or country)  15. MAIDEN NAME  16. MAIDEN NAME  16. MAIDEN NAME	Name of operation  What test confirmed diagnosis? Juduiy Was there an autopay? 10  23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
15. MAIDEN NAME  16. RIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL  Place New Cothached  19. UNDERTAKER  (Address)  18. UNDERTAKER  (Address)  18. L. BURIER BULL 188 W. SURIN AVERSE	Where did injury occur?  (Specify city or fown, county, and State) Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  11. Was disease or injury in any way related to occupation of decrared?  (Signal)
1 proof 4 1939 thentington Philiamanth	(Sterned) 326 Firsting 12

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  a) Baltimore City, Maryland	(a) State Md (b) County	
b) Street address 2811 Maisel of	(c) City or town Balto	AND THE PERSON NAMED IN
I i la la metitation:	If and ide city or town limits, write RUR	Al, and give town)
	Street No. 2811 Maisel of	
and the state of t	Officet No	1
d Length of stay in hospital or inst. (yrs., mos., or days)	(c) If foreign born, how long in U.S.A.? 19	years
e) Length of stay in Baltimore (yrs., mos. orders) 19470	to it foreign born, now long in cross at	
(a) FULL NAME Banbara Schener ME.	ier	
a C 116 miles Acco	MEDICAL CERTIFICATION	720
No. No.	20. DATE OF DEATH DEC 142 193	9. at 8 = AM
4. Sex 5. Color or race 6 (a) Single, mand, widowed, or	21 I certify that death occurred on the date above sta	ated; that I attend.
To I white work Widowed	ed deceased from DECIA 1939, to	- 19 ,
6 1) Name of husband an Heinrich Schenen meier	and that I last saw h & alive on JEC12	1
O C II MIVE, give age	Immediate cause of death, Extauttung	Duration
7 Birth date of deceased (mo, day, yr How 25% 1858	myo carothis secondon to	·
8. AGE: Years Months Days If less than one day	Due to artirio S Cleroles	20375
o. Auc. 100 h. min.		10 45.
9 Burthplace Switzerland	replicitio,	
9. Birthplace July 10 July 1 (2000)	Due to	
9. Birthplace Trown, county, and states 10. Usual Occupation Trown, county, and states	Other Conditions normous godre of	
11. Industry or business at House	10 W. Owland	PHYSICIAN
12. N. KasperSattiker	(Include regnancy within 3 months of death)	
	Major findings:	tinderlin the
13. Birthplace Owe 1321 land	Of operations	d ath should be
# 14 Maiden Nam Suranna Flachamann	Of autopsy now.	harged at -
But to a land	Of autopsy Villa .	
16 Jal Informant Unnie Jehneider	22. If death was due to external causes, fill in the	
211/ Maical M	(a) Accident, suicide, or homicide	
Hart a Dankerson 19/39	(b) Date of occurrence.	
(month) (day) (fear	(City or town)	county (State)
Cemetery or oremeters More land Fasi	(d) Did injury occur about home, on farm, industry	work?
Location Balto. Co. Ma	place?	
18 (a) Funeral director William Cook	(e) Means of injury RV 7	The Manager
	23. Signature	9 20
(b) Address It for linksus, ill.	5/2/1/1/1000	signed 10145
19 (a) Registrar	Address Date	1/-
1 Minutes of the second		

## F 63848

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



/8 0 Registered No.

I PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State W (b) County	
(b) Street address	(i) State 1 County	
C. Hospital or institution:	(c) City or town Backing	on Ambien Access to
Johns Hofkins 1 to prod	(11 outside city or town times, write no sixt.)	
To the state of th	(d) Street No. 1633 ashlaws av	
d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hr, 30	(If rural give location)	7 1
(c) Length of stay in Baltimore (yrs., mos., or days). Life	(e) foreign born, how long in U. S. A.?	years
3 a FULL NAME Benge Ruffer		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
to No. pahE	20. DATE OF DEATH /2-13- 1939,	016 55 P.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or		
	above, held an Argury thereon and from	ins described
luste whish dingle	above, held an	the evidence
6 b Name of husband or wife	obtained by said A find that said de	eceased came
6 (c) If alive, give age years	(Autopsy or inquiry)	
The state of the s	towo death on the day stated above.	
7. Birth date of deceased mo., day, yr. nov 5 1860	Immediate cause of death	Duration
8. AGE: Years Months Days If less than one day		
79 / 8 hr min	Shock -	
9. Birthplace Balto md	Pue to	
(Town, county, and state)	Due to Beneralized 3 degree	
10. Veual Occupation Control	Burn	
11 Industry or business Clotking	Due to	
	0. 1	
12 Name John Ruppert	Other Conditions Barrely 4 + c.	
13. Birthplace 922 many	V	PHYSICIAN
	(Include pregnancy within 3 months of death) Major findings:	
# 14 Maiden Name Barbara Gritzler	Of operations	Underline the
5. Birthplace Germany		death should be
16 1 Informan: Matilda Scarborough	Of autopsy	charged statis-
1 Address 1633 ashland an	22. If death was due to external causes, fill in the foll	owing:
	(a) Accident, suicide, or homicide accident	
(month) (day) (vast)	(b) Date of occurrence 12-13-39	
B-04	(c) Where did injury occur? City -	
Cemetery of eremitory	(City or town) (Count	
Location Balto mid	(d) Did injury occur about home, on farm, industrial p	iace, in public
11111 - 0.1	place? How almo Ringere While at work	sife
18 (a) Funeral director Wa (1 acm	(e) Means of injury Confugration - set hims	of afine
h) Address (2/7 pt. Tank of	23. Signature Howard & Maldus	M.D.
in 1990 make John M.P.		
Registrar	Date signed (2-14-39	

## CERTIFICATE OF DEATH

7 - W Registered No.

PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(b) County	
Baltimore Gity, Maryland  Street address 10 6 Eager & Boltenow W.	(b) County	
Street address 10. Pager	(c) City or town	A E and when town h
Hospital or institution:	(c) City or town (If outside city or town limits, write RUR	AL and give town)
	10 (d) Street No.	
Length of stay in hospital or inst. (yrs., mos., or days)	If rural give location	1)
11	(e) If foreign born, how long in U. S. A.?	yeare
Length of stay in Baltimore (vs., mos., or days)		
1) FULL NAME Juice & M	el	
b) If veteran, name war 3 (c) Social Security Acce	medical CERTIFICATION	0 81
(i) It veteran, name was	20. DATE OF DEATH See 1-3 19	Z. al DIT. M
14 ( ) 6: - la married widower	or   at tomily that death occurred on the date above	ated; that   attend-
divorced.	ed deceased from 210 1009 to	Re 131909
mail C Maran	and that I last saw har alive on 1913	1939.
A Name of husband or wife		Duration
Colombia Lober Af alive, give age	care Immediate cause of death	
Birth date of deceased (mo., day, yr.)	Caroline Oliofetty	8
birth date of deceased this, and then one day	Course by	
AGE: 1 Cars   Months	min. Due to	
-57		
Birthplace South Carlina (Town county, and state)	Due to	
1 1 1 2	2	
. 0.44.	Other Conditions	
. Industry or business		PHYSICIAN
12 Name San Edward	(Include pregnancy within 3 months of death)	-
	Major findings:	Underline the
13. Birthplace	Of operations	death should l
14. Maiden Name Emagain		charged stati
15. Birthplace S.C	Of autopey (11: al	
9 - 11	22. If death was due to external causes, fill in the	e tollowing.
	(a) Accident, suicide, or homicide	
(b) Address 127/ E maclisa A	1-11	
(b) Date thereo Wee 13	Where did injury occur?	County) (Htatel
(Burlal cremation, or removal)	(d) Did injury occur about home, on farm, indust	
(c) Cemetery or crematory of glorge lout ex	While at	work?
Location Dorchetter no st.	place? (Specify type of place)	A
Charact Dades	/ /	La L
8 (a) Funeral director & all the Arthurst All	(e) Means of injury & The Waster	as-
(b) Address	23. Signature	1
of the town lilliam of	Address / 2 20 Coats	signed/
(Date res 4 by Finetrar)	TAT III	

#### 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: (a) State W. (a) Baltimore City, Maryland 6) Street address Brown & Taismount ase (c) City prown Balling, (c) Hospital or institution: Street No. 2 2 2 H. Calverton Alle 6 aurel Hank Intermary d Length of stay in hospital or inst. (yrs., most, or days) (e) Length of stay in Baltimore (yra., mos., or days) . Z 400 (e) If foreign born, how long in U.S. A.? 3 (a) FULL NAME Jup. Frances MEDICAL CERTIFICATION 3 (c) Social Security Account 3 h If veteran, name war 20. DATE OF DEATH CULLINGER 13 1939, at 11:10 p.M 21. I certify that death occurred on the date above stated, that I attend-6 (a) Single, married, widowed, or 5. Color or race 4. Sex divorced Married ed deceased from lie. 11, 1939. to lee. 13 1939. In tate male and that I last saw hing alive on the. 13 1939 . 6 b) Name of husband or wito Mar Markers Jewers Immediate cause of death Theart Failing & GRAY 6 (c) If alive, give age - years Pulmorary Congestion 1 worth 7. Birth date of deceased (mo., day, yr.) Hov. 13,1897 If less than one day Due to Hartel pyphoise apolypist & feline 8. AGE: Years Months Days 1 swall vertilize & pillyin slaged chief 9. Birthplace Hewfoundland Due to difformity - due to 10. Usual Occupation La Thy Shilter Warrelosis Other Conditions Zurdradional 11. Industry or business losis, althir. PHYSICIAN # 12. Name Jacar Jensen (Include pregnancy within 3 months of death) Underline the Major findings: 13. Birthplace Zun Jonnalund cause to which Of operations... d wih should be 14. Maiden Name Fredericka foreign charged statis-Of autopsy 15. Birthplace Mandon Man 22. If death was due to external causes, fill in the following: 16 a Informant Marchae Flan (a) Accident, suicide, or homicide Address (b) Date of occurrence 17 (a) Date thereof LEW / S (month) (day) (year) (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public (c) Cemetery or crematory While at work? Location, where were Virest gulley. Specify type of place) 18 a Funeral director Alexany Il Kint of this to e) Means of injury 23. Signature James J. Ker 6) Address 11. Luly relichart by

## 63851

# Miksinski BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F	63851
-WRogistered	No.

CERTIFICATION	THE OF DECEMEN.	
	2. USUAL RESIDENCE OF DECEASED:	
LACE OF DEATH:	(a) State Md. (b) County	
Baltimore City, Maryland  Street address /620 Fastern and Hospital or institution:		
Street address /6/0 /asum	(c) City or town Ballimore (If outside city or town limity, write RURAL at	d give town)
Hospital or institution:	(If outside on the tour live	
	3) Street No. 16/5 Eastern Care	5 1 1 1
or deve	1. 40	years
Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)		
	4	
a) FULL NAME Tomuslda . Mulcamar	MEDICAL CERTIFICATION	11.16
(b) If veteran, name war	12 kg 1937.	at TA.M
No. A.A	21. I certify that death occurred on the date above stated	that lattend-
Ser 5. Color gr race 6 (a) Single, married, widowed, or		
Sex S. Color of the divorced.		
Demale While	and that I last any her alive on the . // the 19	Duration
(b) Name of husband or wife Sing We age years		4 his.
0 11/11	Immediate case of death Embolism	" "
Birth date of deceased (mo, day, yr.) time so, 19	Cerebral Nacy	Hand
Years Months Days	and Subarute Bactura	4/100
AGE: Years Months // hr. mir	The Arthur	
	Due to Hamma Streptococous	
Birthplace Ballianol (Hown couply, and state)	Due to / The	-
	- C Bilana	-
10. Usual Occupation	Other Conditions	PHYSICIAN
11. Industry or business 12. Name Boleslaw mikainski	(Include pregnancy within 3 months of death)	Underline the
12 Name Boleslaw Muramore	Major findings:	cause to which
13 Birthplace Poland	Of operations	death should be
19.000		charged statis
14. Meiden Name Slamistur Howacks	Of autopsy	
15. Birthplace Poland 1. 1.	The state of the tale external causes, the in the	ollowing:
	(a) Accident, suicide, or homicide	
16 (a) Informant Por les law Milamore ave	(a) Accident, suicide, or	-
(A) Address / 6 20 /accord	34 (b) Date of occurrence	. 10-101
b Date thereof	(c) Where did injury occur? (City or town)	inty) (State)
(Burial, cremation, or removal)	and the second about home, on taking	- L
(e) Cemetery or cremajory		TR/
Jan France	place? (Specify type of place)	
Location ( ) Colinia Franking	(e) Means of injury	
18 (a) Funeral director Nullians (1)	Loseph V. L	M./D.
15 38 m /6/8 / watern aus.	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	igned/2/13/
The ton Mileaux Mil	Address & +OV S. Unit St. Date .	- / /
(9 a) Registrar)		

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B F 63852 Registered No.

LB 47336 CERTIFICATE	or bearing!
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 4940 Eastern Avenue.  (c) Hospital or institution:  Baltimore City Hospitals  (d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mchs  (e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Baltimore (If outside city or town limits, write RURAL and give town)  (d) Street No. 1728 Thames St.  (If rural give location)  (c) If foreign born, how long in U. S. A.? 30 Yrs. years
3 (a) FULL NAME John Szczybor	
3 (c) Social Security Account No. 2/5-053337	MEDICAL CERTIFICATION  20. DATE OF DEATH / 2 - / 3 1934, at 5 A - M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that lattended deceased from \$ -10 1937, to 12-13 1937, and that I last saw h / alive on 12-12 1937.
6 (b) Name of husband or wife 6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) June 24, 1892	Immediate cause of death Duration
8 AGE: Years Months Days If less than one day 47 5 19 hr. min.	Due to
9. Birthplace Poland (Town, county, and state) 10. Usual Occupation Stevedore 11. Industry or business	Other Conditions
12. Name Andy 13. Birthplace Poland 14. Maiden Name Rosie?	Cinclude pregnancy within 3 months of death  Major findings:  Of operations  Level.  Underline the cause to which leath should be harged statis-
Poland  16 (a) Informant Records  (b) Address Baltimore City Hospitals	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 (a lower of b Date thereof DC. 16-39 (Burial, cremation, or removal) (Cemetery or crematory the Consultation (Compared W. Consultation (B) Address 1930 Casta, Consultation (Compared W. Compared W.	(b) Date of occurrence (c) Where did injury occur? (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)  (e) Means of injury,  23. Signature Charles Survey of place)
V8 3	Address Sulto City Hosp. Date signed 2-13-37

HEALTH DEPARTMENT—CITY OF BALTIMORE 63853 CERTIFICATE OF DEATH Registered No..... QIIVA 1. PLACE OF DEATH (If death occurred in St., Ward)

St., W city or town where death occurred by If U. S. Veteran Ludt ig 2. FULL NAME (If non-resident silve city or town and State) (a) Residence: No ... (Unual place of aborie) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 1031 5. Single, Married, Widowed. 21. DATE OF DEATH (month, day, year) I HEREBY CERTIFY, That I attended deceased from 1935, to 12-14 So. If married, widows or divorced HI SBAND of 19.3 ). Death is said I last saw hack alive on to have occurred on the date stated above, at 5 p m. The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) importance were as follow If LESS than Months Days Yegra 1. AGE 1 day hrs. or .... min. F. Trade, profession, or particular hind of work done, an spinnes 5. Industry or business in which work was done, as silk mill, naw mill, bank, etc. Total time (years) 10. Date deceased last worked at this overpation (month and cocupation. NUMET I Was an operation performed! \_\_\_\_\_\_\_ 12. RIRTHPLACE (city or town) (State or country) For what discase or lujury? 12. NAME A Name of operation Was there an autop v? What test confirmed diagnosis? -23. If death was due to external causes (violence) fill in also the fol-14. HIRTHPLACE (city or town) (State or country) Accident, suicide, or homicide? \_\_\_\_\_\_ linte of injury\_\_\_\_\_\_, 19. 15. MAIDEN NAME, (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (State or country) II. INFORMANT FOUN place Manner of injury Add . .) IN BURIAL CEPMATION, OR REMOVAL Nature of injury 24. Was discuss or injury in any way related to occupation of deceased?

#### 63854HEALTH DEPARTMENT—CITY OF BALTIMORE 63854 CERTIFICATE OF DEATH, Registered No. (if death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No Longth of residence in city or town where death occurred any most de. How long in U. S. If of foreign birth? \_\_\_yrs.\_\_\_ specify WAR 2. FULL NAME Ward. (If non-resident give city or town and State) (a) Residence: No. K. 4 (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, r Disacced (write the word) 21. DATE OF DEATH (month, day, year) from 4. Color or Race I HEREBY CERTIFY, That I at ended L SEX 1934 .. 192 Death is said or divorced Sa. If married, w dowed, I last saw ham, alive on. HI SBAND of to have occurred on the date stated above, atiQiQM.m. (or) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of on If LESS than 114 Months Years T. AGE 1 day ......bra 6 11 min. 5. Trade, profession, or particular hind of work done, as spinner, anwyer, bookkeeper, etc .. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 11. Total time (years) 10. Date deceased last worked at 12.13.3 this occupation (month and occupation year ! Was an operation performed?-12. RIRTHPLACE (elty or town (State or country) For what disease or injury?. 13. NAME - MANNAL Name of operation Was there an autopsy ! What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town (State or country) ... Date of injury \_\_\_\_ lowing: Accident, suicide, or homicide :..... 15. MAIDEN NAME (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANTULY Manner of injury (Address) 18. BURIAL CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address) 19\_\_\_\_ Registrar

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 210 M Registered No.

F 63855

OEKTI FORM		
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Md (b) County	
h) Street address		
Hospital or institution:	(c) City or town Suttuing	L and give town)
St. foregoles Hospital 2	d Street No. 2854 Pelliam a	4
in the same or days /2	(d) Street No. 4 a ilf reral give location)	
d) Length of stay in hospital or inst. (yearne, or days) 12	(e) If foreign born, how long in U. S. A.?	years
e) Length of stay in Baltimore (yrs., mos., or days)	(e) it foreign born, now long in C. S. var	
o FULL NAME	Dum	
b) If veteran, name war 3 (c) Social Security Account No2/5-03-99-63	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. 1 4, 19 39	7. AL 5 M
Sea 5. Color or race 6 (a) Single, married, widowed, or	21 Least but death occurred on the date above state	ed; that lattend-
Femal white divorced Single	ed deceased from Dec. 2, 1939, to De	w.14 1939.
	and that I last saw her alive on the , 17, 1	937.
Name of husband or wife 6 c If alive, give age years	Immediate cause of death Hypert The permis	Duration
	Bre- menin - curine neptuitis	
7. Birth date of deceased mo. day, yr. 3-1873	compound committed fraction	
	at tilm 1 filmle	12 days.
-00	farentin of scalp	12 days
9. Birthplace Balts	Burs multiple almain force	12 duys
10. Usual Occupation (Town, count), and tate)	1	-
10. Usual Occupation 11. Industry or business	Other Conditions	-
The industry of comments		PHYSICIAN
12. Name Comment of France	Major findings:	Under the th
13 Birthplace	06	cause to which
14 Maiden Name There mc/Cenna		teath held be
15. B rthplace reland	Of autopsy	tically.
E D. Birthplace	22. If death was due to external causes, fill in the	following:
16 a Informant Mrs Shared	(a) Accident, suicide, or homicide acade	wh.
(h) Address 2834 Calam Co	b) Date of occurrence /2 - 2 - 39	
17 a Durat b Date thereof we (month) (day) (year	(City or down) (Co	ounty) (State)
Las Calline	(d) Did injury occur about home, on farm, industri	
Cemetery or crematory	place? Public - Belair Rord While at w	ork?
Location	(Specify type of place)	corrsus str
18 (a) Funeral director	(e) Means of injury	101.
b) Address 00 / bhlis	23. Signature	M. D.
19 (a) Registrar	Address St. Josephs Horp. Date	igned
Date rec'd by registrar	Hound to luccius m.	20.
Ve s	Chief mideal Expansive	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63856

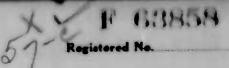
T | 3 | Registered No. ....

	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland  Officers	(a) State (b) County	
Baltimore City, Maryland Lakewood ave	Balto City	
Hospital or institution;	(c) City or town tiff outside city or town imin. Tite RURA	l. and give town)
	(d) Silver No. 436 M. Lakewood	ave
in a large type most or days	(If rural give location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
0 11 .0		
(a) FULL NAME amud II Tellner	AND THE ATTOM	
b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	1130
No	20. DATE OF DEATH	, at// M
1. Sex 5. Color of race 6 (a) Single, married, widowed, or	and it is a death occurred on the date above sta	ted; that lattend-
form 10 11/4 to divorced widowed	1926 10 11	19 39.
Jellner	and that I last saw how alive on Alle 9-	19
6 (b) Name of husband or wife form Settling years	a the second death of	Deration Stat
0 1 0 10/6	- decours Thombony.	300
7. Birth date of deceased mo., day, yr.) July -8-1800	cardio vas sular renal.	700.
6. AGE: Years Months Days If less than one day	Due to Hypaleum +	- (0-1-1
T	Valley School	
9. Birthplace (Town, county, and state)	Due to	
Chan County, and many		-
10. Usual Occupation	Other Conditions	
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name Will only	Major findings:	Underline th
13. Birthplace Dermany	Of operations	death should b
Dno 10/ VN 06		harged statis
14. Maider Name	Of autopay	tically.
15. Birthplace	22. If death was due to external causes, fill in the	following:
16 (a) Informant Venner Jellen	(a) Accident, suicide, or homicide	
Address 436 M. Lakewood Club	- I Day of occurrence	
Build Date thereof 12 15 3	Will are did injury occur?	ounty) (State)
(Borish cremation, or removal)	(City or town) (C)  (d) Did injury occur about home, on farm, industr	Comes )
(c) Cemetery or crematory The Carmel	(d) Did injury occur about home, on faith, moust.	vork?
Location Baltimore	place? (Specify type of place)	
( I W - A Physia X Co.)		
18 (a) Funeral director	23. Signature Louis F. Crumler	~
(b) Address & Olle Challand A.	23. Signature Love F. Crumler Date	M. D.
19(a) 15 1939 (b) to for / 10 walls 199	Address Date	signed ( 43)

## BALTIMORE CITY HEALTH DEPARTMENT

	CATE OF DEATH 34 Registered No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Well (b) County
(h) Street address	Ballimore lud
St. Josep's Hosp.	Hoops described in the state of
(d) Length of stay in hospital or inst. (yrs., mos., or days)	7067 s (If rura five location)
(e) Length of stay in Baltimore (yrs., mos., or days) / 42	year. (e) If foreign born, how long in U. S. A.?
	OLEMAN) MEDICAL CERTIFICATION
3 (b) If veteran, name war 3 (c) Social Security A	A state of the sta
No.  4. Sex 5. Color or race 6 a Single, married, widow	20. DATE OF DEATH
Female Colored divorced. Wildow	ed deceased from Oct 20 19 39, to Dec 13 19 39
6 (h) Name of husband or wife	years Immediate cause of death CARdia Foilure Duration
7. Birth date of deceased mo., day, yr Oct. 20. 187	
8. AGE: Years Months Days If less than one d hr.  9. Birthplace Broadway Va.	
10. Usual Occupation 11. Industry or business	Other Conditions Central Nervous
a Alana Macken	System Luse.  PHYSICIAN  (Include pregnancy within 3 months of death)
12. Name 0 Va.	Major findings: Underline the
A 400.0	Of operations cause to which death should be
14. Maiden Name	Of autopsy thread that is a second of the se
15. Birthplace Parcell	22. If death was due to external causes, fill in the following:
16 (11) Informan 1440 Stanfort are	(a) Accident, suicide, or homicide
17 Shipment 1 Dad thereof 12/16	34 (b) Date of occurrence
17 (a Barial er mation, or removal) (month) (day	(year) (c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location La Crossy, Va.	place? While at work? (Specify type of place)
18 (a) Funeral director Colerthe	(e) Means of injury
(b) Address 804 W, Carrene o	No. D. M. D.
19 (a) 1939 y registrar (b) 10 1 Regis	Address SF. Joseph Hy Date signed

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



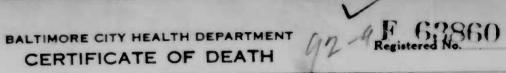
1. PLACE OF DEATH: (a) Baltimore City, Maryland Ballo, Jud. (b) Street address 33 Now Colvent Sts. (c) Hospital or institution:  Larion Memberial Hospital  2 days	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County  (c) City or town REISTER STOWN  (If outside city or town limits, write RURAL	,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security Account  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC 15 1939.	at / G M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Check	21. I certify that death occurred on the date above stated ed deceased from DEC 13 1937, to DEC 1 and that I last saw h 12 alive on PEC 15 19	3 19 87
6 (c) Name of husband or wife 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) JUNE 4, 1985	Money of LAN Idiocia	BIRTA
8. AGE: Years Months Days If less than one day  H 4RS 6 hr. min.	Due to DITISME LIA  DUE to PNEUMO COCCUS  DUE to PNEUMO COCCUS	BIRTL.
10. Usual Occupation	Canges Tive MEART Other Conditions FAILURE	DEC. 13,193
12. Name LogaN RITCHIE  12. Name LogaN RITCHIE  13. Birthplace Ve.  14. Maiden Name Do Rothy Ls NIS	(Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Underline the cause to which death should be charged statis-
14. Maiden Name  15. Birthplace  R Richard	Of autopsy  22. If death was due to external causes, fill in the fol	tically.
15. Birthplace  16 (a) Informant Long an R. Ritchig  (b) Address Ruha lino purs, mil.	(a) Accident, suicide, or homicide.	
(c) Cemetery excemptory Front Lann. Complete Location	(c) Where did injury occur?  (City or town) (Count (d) Did injury occur about home, on farm, industrial place?  (Specify type of place)	place, in public
(b) Address Person Burry man & fundamental director from, mf.	23. Signature AcMORIAL HOSE Date sign	M. D. ned / 2/15/

## CERTIFICATE OF DEATH

31

F 63859 Registered No.

1. PLACE OF	DEATH: e City, Maryland		2. USUAL RESIDENCE OF DECEASED:	
(b) Street ad	2570 0-	eenmount Ave.	(a) State Md. (b) County	
	or institution:		(c) City or town Baltimore,	
Sou	thern Hos.	h Home	of Street No. (If outside city or town limits, write RUR 2510 Greenmount Ave.	AL and give town)
(d) Length o	f stay in hospital or	inst. (yrs., mos., or days)	olf rural give location	)
(c) Length of	f stay in Baltimore	(yrs., mos., or days) life	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL N	AME	Nora Bonn Thomson		
3 b If veter	an, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DE 13	1 at 16 - P. M
4. Sex Female	5. Color or race	6 (a) Single, married, widowed, or divorced. Widow	21. I certify that death occurred on the date above sta	
			ed deceased fromus 1 1929, to Dre	19 39
6 h Name	of husband or wife	John D. Thomson	and that I last law h er alive on Die 13	19 39
	Minister military military and an experience	6 (c) If alive, give age years	Immediate cause of death	Duration
	of deceased (mo., d	lay, yr.) June 28,1860	benefit somewhat	40040
B. AGE: Ye		ays If less than one day		-
79		hr. min.	Due with the School	Jyears
9. Birthplace	Baltimore		Colonie Inhohhal replinte	- Cuan
10 111 0	IVO?	Town, county, and state)	manage ourselves reput	-
<ol> <li>Uoual Oc</li> <li>Industry</li> </ol>			Other Conditions	
	Amithamas Da	onn	Other Conditions	
12. Name		Va.	ilinclude pregnancy within 3 months of death)	PHYSICIAN
13. Birthp	place		Major findings:	Underline the
14. Maide	n Name Ida	Dell	Of operations	death hould be
15. Birthp		-	Of autopsy	hurged status-
	Mr. Fm.	H. Jackson		tically.
16 a Inform	4/00 001	ringdale Ave.	22. If death was due to external causes, fill in the f (a) Accident, suicide, or homicide	ollowing:
(b) Addr		12/16/20	(b) Date of occurrence	
	rial cremation, or removal	(b) Date thereof 12/16/39	Where did injury occur?	
		Loudon Park Cemy.	(Cou	inty) (State)
	tery or crematory Frad. Av	re. Falto, Md.	(d) Did injury occur about home, on farm, industria	
Locati	UD 11	12 x + 1 11 - 1 0	place? While at wo	rk?
18 (a) Funer	al director 1900	Butaw Place	(e) Means of Hijury	
Adde	cm / 1300	+ + M/11 - 11 3	23. Signaturo Kelhunt, pullura	~
19 (1)	1.5 rondon	my for / inhans, my		M. D.
Chate n	E ditt right met	Rogistrar	Address . O L. Blddle St. Date sig	rnea .



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
(a) Baltimore City, Maryland	(a) State MD (b) County		
(b) Street address	(c) City or town TSHATIMORE		
(c) Hospital or institution:	(c) City or town	L and give town)	
Church Herry Vegerway	427 E. LAK	E AVE	
(d) Length of stay in hospital or inst. (yrs., mos., or days 172	off rural give location)		
£ //****	If foreign born, how long in U. S. A.?	years	
Length of stay in Baltimore yrs., mos., or days			
MRS GRACE HEPBRON			
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	1:40	
No.	20. DATE OF DEATH DECEMBER 14 1935		
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	ed; that lattend-	
F divorced. MADRIES	ed deceased from 11 - 24 19 39, to 12	-771937.	
o Name of husband of wife	And that I last saw hER alive on 12 - 14 10	937.	
6 () It alive, give age years	Generalized arterioralisate	Peration	
7. Birth date of deceased (mo., day, yr.) JUNE 9,1889	Cardia - reval disine	1	
8. AGE: Years Months Days If less than one day	with .		
50 hr. min.	Du Hope trusco		
9. Birthplace	Due to Veletral Surffreenry		
(Town, county, and state)	Due to		
10. Usual Occupation	Other Conditions		
11. Industry or business		PHYSICIAN	
12. Name WILLIAM V. CARRICK	(Include pregnancy within 3 months of death)		
2 13. Birthplace ISALTIMORE	Major findings: Of operations	t nderline the	
14 Maiden Name VIRGINIA MILLER		death hould be charged tatis-	
15. Birthplace BALTIMORE	Of autopsy	tleally.	
	22. If death was due to external causes, fill in the f	ollowing:	
16 a Informant rumes M. Heploron	(a) Accident, suicide, or homicide		
b) Address 427 Lake William	(b) Date of occurrence		
17 a DWWW (b Date thereof N w. 1777 (Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	inty) (State)	
(c) Cemetery of evenintory _ while webury	(d) Did injury occur about home, on farm, industria	place, in public	
Lecation Kint County Mis.	place? While at wo		
18 . Finand director Calm O. M. Helsell + Jamo	(Specify type of place)	1	
18 a Funeral director farm G. M. Flaw Balls	23. Signature	lean	
Off Address 1 9 00 Louisian	(M) I blo . The land	M. D.	
19 Tor of deprogramme forther whither	Address Park V Date su	gned / Se E 3	
vs 3			

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State W. d. (b) County	
(b) Street address		
(c) Hospital or institution:	(c) City or town Ballenine	
mercy Hosfital	outside city or town limits, write RURAL and glv	e town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Day	d Sweet No	
G Time		
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No	20. DATE OF DEATH December 19 39, at 9:5	VAM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I	
m divorced.	ed deceased from Mar 27 1939, to Dac 14	
6 b Name of husband or wife Mangaral Rt	and that I last saw have alive on Dacit 1939.	
6 (c) If Alber give ge 80 Gm	Immediate cause of death Duri	tion
7. Birth date of deceased (mo., day, yr.) Be & 26 1853	Respustory Failure 5 m	unuls
8. AGE: Years Months Days If less than one day	Cardina Parline ?	-
785 11 18 hr. min.	Due to.	
9. Birthplace Balto . Tuel	allemorelewhe C. J.d.	
(Town, county, and state)	Due to	
10. Usual Occupation		
11. Industry or business Calina Maller (Returns)	Other Conditions	
12. Name - Sennord Rits	Fremmania - Lolene PHYS	ICIAN
13. Birthplace Merina	Major findings:	
	Of operationa cause to	line the
14. Maiden Name Warit. Catherine	death sh	
15. Birthplace Dermany	Of autopsy tically,	statis-
16 (a) Informant hiso Margaret E. myers	22. If death was due to external causes, fill in the following:	
(b) Address 1716 E. (25th St.	(a) Accident, suicide, or homicide	
3 . 0 .	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery or crematory Sorrane Park	(City or town) (County) (S) (d) Did injury occur about home, on farm, industrial place, in	tate)
Location Balto. Fud.		public
01 00 20 0	place? While at work? (Specify type of place)	
	(e) Means of injury.	
SCW Address 74 2 West north live	23. Signature trysh Edwind cheuther	
19 feet. C. 7. (Date reciding to 1)	Address Theres Horfulat Date signed Every	D. 41939
The second of th	Address Park Street Park Street Street Park Street Par	

VBE

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 2 2 2 2 2 lbs Care + 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2. USUAL RESIDENCE OF DECEASED:  (a) State  (b) County  (c) City or town	
c) Hospital or institution:	off outside city or timen limits, write RURA	L and give town)
d Length of stay in hospital or inst. (yrs., mos., or days)	(if rural tive location)  (e) If foreign born, how long in U. S. A.?	years
	DIYES	
3 (b) If veteran, name war 3 (c) Social Security Account No. 230-05-75/9	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec 9th 1939	8, at // 6 M
4. Sex 5 Color or race 6 (a) Single, married, widowed, or divorced.	above, held an (Autopsy or Inquiry) thereon and fro	m the evidence
6 (b) Name of husband or wife 6 (c) If alive, give age years	obtained by said  (Actopsy or Inquity)  to less death on the day stated above	deceased came
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hr. min	Immediate cause of death	Durstion
9 Birthplace Tilwn, county, and state)	Due to .	
10. Usus! Occupation 11. Industry or business	Due to	
12. Name	Other Conditions (Include pregnancy within 3 months of death)	PHYSICIAN
13. Birtl place  14. Maicen Name  15. Birtl place	Major findings: Of operations	Underline the
16 (a) Informant	Of autopsy	charged statis-
h Address  (b)Date thereof  (month) (day) (year)	(c) Where did injury occur? Last yells we	29 about
Location Commissioner of Health	d Did injury occur about home, on farm, industries place? While at wo (Specifs type of place)	al place, in public
18 (a) Funeral director  (b) Address  19 (a) UEC 35 10 bis 1 to the Williams	23. Signature Medical Examination Date signed Para 12 153	4 M.D

#### 63863

## CERTIFICATE OF DEATH

1×,	10	63863
45-8	Registered	No

O-)OOO CERTIFICATE		-
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:  Baltimore City, Maryland  Street address Madusiu and cited city.  Hospital or institution:  Maryland Cutted Spillaf  Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days).	(a) State Md (b) County a a Co  (c) City or town Bultimore Cilcy  (d) Street No. Pasadent Lond  (d) Street No. Pasadent Lond  (lf rural live location)  (e) If foreign born, how long in U. S. A.)	give town)
(a) FULL HAME, Hainet M. Disney	MEDICAL CERTIFICATION	
(b) If veteran, name war   3 (c) Social Security Account   No.	20 DATE OF DEATH 12115 1939, ata	Zi'S AM
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Marie of husband or wife hus. Mollon Dionly  6 (c) If alive, give age	21. I certify that death occurred on the date above stated; the ed deceased from 12/12 1937, to 12/15 and that I last onw has a live on 12/15 1935	194
7. Birth date of deceased (mo., day, yr.) Cafril 13 1824  8. AGE: Years Months Days Af less than one day  hr. min.	Due to Careinoma of the	
10. Usual Occupation House Wife (1)	Other Conditions	
11. Industry or business  12. Name David & Migley  13. Birthplace Ind  14. Maiden Namealise in Lee	(Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline to while to while house to while housel harged state deaths.
16 (a) Informant por Mahler Dinney  (b) Address Jacobsville aacons	Of autopay  22. If death was due to external causes, fill in the follo  (a) Accident, suicide, or homicide  (b) Date of occurrence	
(Flurial, cremation, or removal)  (c) Cemetery or crematory Cedar Hill  Location Br  18 (a) Funeral director W  Location Structure M  Location M	(c) Where did injury occur? (City or town) (County (d) Did injury occur about home, on farm, industrial pl place? (Specify type of place)	ace, in pub
(b) Address 1939 on a g or Nilleause M.V. Registrar	Address Maryland gen. Horf. Date signe	d12/15

F 63864

Registered No.

1. PLACE OF	DEATH: e City, Maryland				2. USUAL RESIDENCE OF DECEASED:	
(b) Street ad	dress 4940 H	astern	Avenue		(a) State Mary Land (b) County	
	or matitution;				(c) City or town Baltimore	
Balti	more City H	ospita]	8		elfootid its or town   mit, wrt. R(RA	
				4 days	Asired No. 506 Bethel Street	
d Length o	f stay in biospital o	r mat. (yra.,	mos, or days)	I MION		
(e) Length of	f stay in Baltimore	yrs., mos.,	or days 50	yrs.	(e) If foreign born, how long in U. S. A.) 50 3	rs. years
3 a FULL N	AME George Gor	ecki				
3 (b) If veter	an, name war	3 (c)	Social Security	Account	MEDICAL CERTIFICATION	. 200
		No.	hone	_	20. DATE OF DEATH /2 -/4 1339	. N 2 1 M
4. Sex Male	5. Color or race White	6 (a) Sing	le, married, wid Widow		21. I certify that death occurred on the date above stated deceased from 1/ / 0 1937, to /2	
6 h N2 .	(1 1 1 6	Agnes	3		and that I last saw h / w alive on / 2 / 3 19	34
o , vame	of liusband or wife		ive, give age	years	Immediate cause of death	Duration
7. Birth date	of deceased mo.			872	Ween a	Lawrenceks
	1		If less than one			
6'		16	lir.	min.	Due to Being a prostate hyposty	3 ?
9. Birthplace	Poland			- 6	<b>D</b>	
10 11 10	2-6-		(), and state)	040	Due to	
10. Unual Oc	or business UNCE		12	<i>D</i> .	Other Conditions	
					Other Conditions	
H 12. Name					the lude crey any within 3 months of death)	PHYSICIAN
2 13. Birth	dace Polar	id			Major findings: Of operations	Underline the
Marie	n Name Mari				Of operations	death had be
70					Of autopsy	charged status
15. B rth				-		tically.
16 (a) Inform					22. If death was due to external causes, fill in the fo	mowing:
b) Addr	es Baltimor	e City	Hospitals		(a) Accident, suicrde, or homicide  (b) Date of occurrence	
	upal	b Date th	ereof /2-16	. > 4.	(c) Where did injury occur?	
	cremation, or remov	al)	(month) (d	()	(City or town) Cou	
(c) Ceme	tery or crematory	il org	Rosan	y cen	1	
Locat	ion sall	mura	e cary	inty	place? While at wor	K?
18 (a) Fune:	ral director Los	hun	n avel	y	(e) Means of injury	
(b) Addr	con 401 N	( (+	letter /	Frut	23. Signature & A. W. March Jr.	
19 (a)	ec'd by repterrary	- 12 1	Tallillian	Hate MAD	0	M. D. ned / 19-37
VS 3		0				

CERTIFICATE OF DEATH

	V P PROFICED	
PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland	(a) State Maryland Gounty	
Street address	City of Jown Baltimore RURAI	and give town)
Hospital or institution.	(If out ide city or town limits write RURA)	, and a re-
John Hoffens Hos ford or arrival	11 Street No. 2/8 h Lughtrul	
d Length of stay in hospital or inst. (yrs., mos., or days)		years
Length of stay in Baltimore (vrs., mos., or days) wife!	(e) If foreign born, how long in U. S. A.?	
1 10 FULL NAME Mrs. agnes Weben	CONTURATION	
// a C   S Account	MEDICAL CERTIFICATION	CREPA
No. 216 -09-2701	5 20. DATE OF DEATH	, at 5.35 P.M
6 Classification for Single, married, widowed, or	21 THEREBY CER HEY, I hat I took charge of the re-	mains described
Female Who divorced marris	above, held an autopsy or Inquiry) thereon and from	m the evidence
6 (b) Name of husband or wite adam Webey	obtained by said (Autopsy of Injury)	deceased came
6 c If alive, give age 48 years	to lest death on the day stated above.	
10 1890		Duration
7 Buth date of deceased mo, day, yr. 10 1890 8 AGE: Years Months Days If less than one day	Immediate cause of death	Deramon
	Stamontog	
49		
9 Birthplace Baltimore Mid	Due to Freetund sibs	
Me secretari	Due to Josemtes Jungs Five	
10. Usus Occupation Searchtress  11 Industry or business Eagle Dress Cer. C.  12 Name Michael Poffel  13 Birthplace Poleund p. A.	Due to	
a Politic	Other Conditions	
12 Name Michael	(Include pregnancy within 3 months of death)	PHYSICIAN
	Major findings:	Underline the
= 14 Maiden Name Murry Ruthowsky	Of operations	en t which
\$ 15 Birtiplace Poland		death hould be
01/1/1/2	Of autopsy as always	tically
16 in Informati a Caru Michael as	22. If death was due to external causes, fill in the	following
	(a) Accident, suicide, or homicide accide	
17 Devial h Date thetroit (month (hay) (year	b Date of occurrence	
Holy Rosary	Where did mjury occur)	unity) (State)
Cemetery or crematory 170 W	d Did injury occur about home, on farm, industria	al place, in public
ocati n Ballimare active	y place table . Jugen a stayle White at w	ork?
18 Femeral director John My Welly	Means of injury & trush by auto . That	Correct of the
. Address A40 1 D. Chester, W.	23. Signature Journ J. Wald Medical Exami	M.D.
19 / Vische of hunter way ling you	Date signed 12-14-39	
THE WAY		
VR 4		

# 

371368 BALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT HE B Registered No  2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH: Baltimore City, Maryland  Street address Hospital or institution: Length of stay in hospital or inst. (yrs., mos., or days) 3 / day  Length of stay in Baltimore (yrs., mos., or days)	(a) State Ind. (b) County  (c) City or town Battimus (If outside city or town limits, write RURAL  (If outside city or town limits, write RURAL  (If outside city or town limits, write RURAL	and give lown)
a) FULL NAME Christian Schreiba	MEDICAL CERTIFICATION  20. DATE OF DEATH We 13, 1939	1 at 8 P. M
Sex  5. Color or race  6 (a) Single, married, widowed, or divorced.  Name of husband or wife  6 (c) If alive, give age  years  Birth date of deceased mo., day, yr.)  AGE: Years Months Days  6 (c) If less than one day  15 (Town, county, and state)	21. I certify that death occurred on the day, to how ed deceased from Nov 12, 1939, to how and that I last saw h invalive on how 13 19 Immediate cause of death  POST - OPERATIVE SHOCK	1319 89
10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace	Other Conditions  obstruction and journaise (Include pregnancy within 3 months of death) above.  Major findings: Of operations  to be made	PHYSICIAN Underline the cause to which death should be charged statistically.
14. Maiden Name  15. Birthplace  16 (a) Informant (b) Address  17 (a) BURIAL (Burial, cremation, or removal) (Cemetery or crematory) (Cemetery or crematory) (Comparison of the companion of the	(d) Did injury occur about home, on farm, industri	following:  ounty) (State)  ial place, in pub  rork?

## F 63867

# CERTIFICATE OF DEATH ALL PROGRAMMENT Registered No.

THE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	16d (1) County	
Beltimore City, Maryland	(a) State 1.3 (b) County	
b) Street address	(c) City of fown	
c) Hospital or institution:	all outside city or town limits, write ive	tAL and give town)
Mercy Hospital	3039 Eastern Ave	
d) Length of stay in hospital or inst. (yrs., mos., or days) 3	days (d) Street No. (If rural give location	n)
a) Length of stay in northand	(e) If foreign born, how long in U. S. A.?	years
e) Length of stay in Baltimore (yrs., mos., or days).		X
(a) FULL NAME		
Mary Alletta McGinity  3 (c) Social Security Accounts	unt MEDICAL CERTIFICATION	
, in vession in	20. DATE OF DEATH Dec 12	39, at 10 P M
No.  5. Color or race 6 (a) Single, married, widowed		tated; that lattend-
5. Color or race 6 (a) Single, married, widowed divorced.	21. I certify that death occurred on the date above	c 12 1939.
divorced	Dec 12	1939
6 (b) Name of husband or wife Dr. John J. McGinity	and that I last saw n oa. alive on	Duration
6 c If alive, give age	CALL IN THE PRINCIPLE CARROL OF MACHINE	Deration
7. Birth date of deceased (mo., day, yr.) Aug 27, 1975	Bardiac Failure	
	Justining"	6 hrs
0, AGE: 158	min. Due to Pulmonary Emobelis	
64 3 13 hr.		2 wks
9. Birthplace Ohio (Town, county, and state)	Due to Tularemia	2 1125
(lown, county, and state		_
10. Usual Occupation housewife	Other Conditions Cuernone of TIA	
11. Industry or business	yphoid !!	PHYSICIAN
12. Name James Rowland	(Include pregnant) within 3 months of death)	Underline the
	Major findings: Of operations	cause to which
Townson Townson	Or operations	death should be
14. Maiden Name Ella Amanda Brown 15. Birthplace Ohio	01	tically.
15. Birthplace Ohio	Of autopsy	e following:
	22. If death was due to external causes, fill in the	16 10110 11116
16 a Informant Dr. J. McGinity	(a) Accident, suicide, or homicide	
(b) Address 3039 Eastern Ave		
17 (a) Burnel (b) Date thereof (month) (de)		(County) (State)
fur looth	(d) Did injury occur about home, on farm, indus	trial place, in publi
Cemetery or crematory	While at	work?
Location Old Frederica Too.	(Specify type of place)	. 0
18 (a) Funeral director form. 9. The Olan	(e) Means of imjury	hou It.
1/2000 > 1300-	23. Signature orem Chevru	M. D.
(b) Address ## #= ###	De Store De Day	e signed ( 71 4
1 5 1820 miles	Address July	

VS 1

## CERTIFICATE OF DEATH

- F 63868

CERTIFICATE		
PLACE OF DEATH:  Baltimore City, Maryland  Street address  Hospital or institution:  Mary and Henril Kayutal  Mary and Henril Kayutal	2. USUAL RESIDENCE OF DECEASED:  (a) State M.d. (b) County Bulls  (c) City or town Bulls Md-  (d) Street No. 707 Lund Silf rural give location)	The second section is a second section of
Length of stay in hospital or inst. (yrs., mos., or days) 2. 770  2. 345  Length of stay in Baltimore (yrs., mos., or days) 1 10 yrs.	(e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME  Motte M. Britton  3 (c) Social Security Account  No. Now.	MEDICAL CERTIFICATION  20. DATE OF DEATH 12/14 19.37.	at S A . M
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days  10   Single, married, widowed, or divorced.  5; ng/e.  6 (c) If alive, give age years  18. AGE: Years Months Days  19. Birthplace  10   Single, married, widowed, or divorced.  5; ng/e.  9. Birthplace  10   Single, married, widowed, or divorced.  10   Single, married, widowed, or divorced.  11   Single, married, widowed, or divorced.  12   Single, married, widowed, or divorced.  13   Single, married, widowed, or divorced.  14   Single, married, widowed, or divorced.  15   Name of husband or wife  16   Single, married, widowed, or divorced.  16   Single, married, widowed, or divorced.  17   Single, married, widowed, or divorced.  18   Single, married, widowed, or divorced.  19   Single, married, widowed, or divorced.  10   Single, married, widowed, or divorced.  11   Single, married, widowed, or divorced.  12   Single, married, widowed, or divorced.  13   Single, married, widowed, or divorced.  14   Single, married, widowed, or divorced.  15   Single, married, widowed, or divorced.  16   Single, married, widowed, or divorced.  17   Single, married, widowed, or divorced.  18   Single, married, widowed, or d	21. I certify that death occurred on the date above stated ed deceased from 9/19/39 19 to 12/19/20 and that I last saw has alive on 12/19/39 19 Immediate cause of death  Due to	
11. Industry or business  12. Name Andrew D. Britton  12. Name Andrew D. Britton  Virginia.  13. Birthplace  14. Maiden Name Rebecca Shawn  Exederick Co. Md	(Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN  Underline the eause to which death should be charged statistically.  Howing:
15. Birthplace  16 (a) Informant Charles G. Britton  (b) Address 707 Linnard St. Balta,  17 (a) Burial, cremation, or removal)  (c) Cemetery or crematory Tarsens.  (c) Cemetery or crematory Tarsens.  Location Salisbury Md.  Location Location W. Junglita.  (b) Address Lun Burn it, Md.  (b) Address Lun Burn it, Md.	22. If death was due to external causes, in the control of the con	nty) (State) place, in publi

Registered No. F 63869

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address Baltimore Maryland	(a) State Maryland (b) County
(c) Hospital or institution:	(c) City or town Baltimore
Baltimore City Hospitals	(If catside city or town limit, write KURAL and give town)
Dar timble of the mospitals	d Street No. Hichwood, W. Va.
d Length of stay in hospital or inst. (yrs., mos., or days)	off reval give location
(c) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
(Correct) Kyle Bryant (Crossfiled with	Bryant Kylet)
3 b If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
P No. >	20. DATE OF DEATH December 14 1939 at 530 PM
6. Sex 5. Color or race 6 (a) Single, married, widowed, or	
Male White divorced. Unknown	21. I certify that death occurred on the date above stated, that lattend-
	ed deceased from Mc. 14 1939, to Mc. 14 1939.
Name of husband or wife  6 (c) If alive, give age years	and that I last saw h Au alive on Luc. 14 1939
	Immediate cause of death  Lubar Purumana Gurana
7. Birth date of deceased mo, day, yr. 43 yrs.	mulae Pulumina.
AGE: Years Montha Days If less than one day	2
- min.	Due to
Birthplace Unknown	D
10. Usual Occupation Unknown	Due to
11. Industry or business	Orl C Pri
	Other Conditions
12. Name E.D. Bryant	(Include pregnancy within 3 menths of death.
13. Birthplace Unknown	Major findings:
14 Maiden Name Unknown	Of operations came to which
	death heald be harged statis-
15. Birthplace Unknown	Of autopsy inst deal . tirally.
6 (a) Informant Hecords	22. If death was due to external causes, fill in the following:
(b) Address Baltimore Vita Hospitals	(a) Accident, suicide, or homicide
7 10 / 2114ia 6 Date thereof 12/18/39	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
( Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location lichwood wyo	place? While at work?
8 (a) Funeral director rederick a Cole	(Specify type of place)
(b) Address / 2 00 w Tombard It	(e) Means of injury
250 15 1000 at 1 the wing of	23. Signature Truwaghelakein M. D.
The resident reporters! I have there for folligeter After	Address Fallo Cety Horp. Date signed 12-15-39
A	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

23	Registered	No
		T. L.

63870 CERTIFICATE	
PLACE OF DEATH:  1) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:  (a) State 1 land (b) County
b) Street address Than Fark Trive and Slat St.  () Hospital or institution:  () Hospital or institution:	(c) City or town Sovern, Laryland (If outside city or town limits, write RURAL and give town) (If rural give location)
d) Length of stay in hospital or inst. (yrs., mos., or days) 1moSda!	(If rural give location)  (e) If foreign born, how long in U. S. A.?  years
CAL CINE MAME	
(b) If veteran, name war    3 (c) Social Security Account   No.	MEDICAL CERTIFICATION  20. DATE OF DEATH 200. 14, 1939, at 7:25AM
5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattended deceased from Nov. 6, 1939, to Dec. 14, 1932, and that I last saw him alive on Dec. 14, 1939.
6 (b) Name of husband or wife Barka Cultanovah 6 (c) If alive, give age years	and that I last saw hart anve on
7. Birth date of deceased (mo., day, yr.) Oct. 23, 1892 8. AGE: Years Months Days If less than one day 47 1 21 hr. min.	Due to
9. Birthplace (Town, county, and state)  10. Usual Occupation	Other Conditions Tuberculous laryngitis, Unknown
11. Industry or business	(rronic puysician
12. Name Acta Gukanovale 13. Birthplace Jugoslavia	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of operations  Underline the cause to whice death should be
14. Maiden Name Jugoslavia	Of autopsy No autopsy charged statis
16 (a) Informant 1000 1 - 1000 1 1000 pital,  (b) Address (b) Date thereof 12 (6 /90)  (Burisl, cremation, or removal)	(a) More did injury occur? (State)
Location  18 (a) Funeral director  Location  L	place? (Specify type of place)  (e) Means of injury
126 C 15 1939 Wenter to Williams, M.P. Rogistrar	Address

## BALTIMORE CITY HEALTH DEPARTMENT 62 Registered R3871 CERTIFICATE OF DEATH

PLACE OF DELTH 3871		2. USUAL RESIDENCE OF DECEASED:	
	1111	(a) State Md. (b) County	
, 11.11-	Warford ave.	R. IT.	
D) Stiffet addition	7	(c) City or town Dallimore (if outside city or town limits, write RURAL	and give town)
c) Hospital or institution:		1 /A/ Washand	Que.
		(d) Street No. 3 1406 Nanford (If rurally ve location)	
d Length of stay in hospital or in	st. (yrs., mos., or days)		
e) Length of stay in Baltimore (yr		(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME 277 45	1111.	1 asslinger	
Mari	e Wilhelmona	MEDICAL CERTIFICATION	,
3 b) If veteran, name war	3 (c) Social Security Account	0 1 1 2 -	. at // PM
	No.	Ze. DATE OF DEATH (	The second secon
	(a) Single married, widowed, or	21. I certify that death occurred on the date above states	113 10 34
Finale White	tivorced Divorced	ed deceased from MV 25 1934, to Dec	20 19.7.
(A) No. (A) And and		and that I last saw h walive on del 13 19	4.
6 (h) Name of husband or wife 6	6 (e) If alive, give age years	Immediate cause of death Endocathles	Duration 2/
	V , ((A)	milio droughermy	
7. Birth date of deceased mo., da	/1/1		
8. AGE: Years Months Day		Due to	
40 1 6			-
9. Birthplace City	DOUY	Due to	-
/ 14	GWB. COUNTY, And Market		Dalinh.
10. Unual Occupation Resta	4 - Lord	Other Conditions, Typelder Coryla	van lin
11. Industry or business	0 1		PHYSICIAN
# 12. Name Lawrence	- ungsowigh	(Include pregnancy within 8 months of death)	Underline the
13. Birthplace LIV	many,	Major findings: Of operations	cause to which
	yelike		death should be
14. Maiden Name		Of autopsy	tically.
15. Birthplace	meny,	22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant & ausy	My Myselinya	(a) Accident, suicide, or homicide	
b) Address 1406	Harfred aby.	(a) Accident, edicae, or nomices	
Build	(b) Date thereof 12/16/3	(b) Date of occurrence	
(Hurial, cremation, or removal	1000 0 Amonth day / great	(c) Where did injury occur? (City or town) (Cou	nty) (State)
Cemetery or crematory	St. Jaul's	(d) Did injury occur about home, on farm, industrial	place, in public
03/19	6. ml.	place? While at wor	TK7
Location	) Farming 1 for		10 00 00 00 000
18 a Funeral director.	Bodela Ht. Ou	(e) Meana of injury (1 Divity	
(b) Address 1938 (	o. I of ayelle car.	23. Signature	M. Pis.
19 (a) (b)	1.1.1	Address Plow Uly Date of	gned vily 10
(Unterectary Agentrar)	to to the little one of	7	1/1

## CERTIFICATE OF DEATH

F 63872

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
(a) Baltimore City, Maryland	(a) State Md. (b) County,		
(b) Street address 2 004 / silyelas 4 Chen.	B. H.		
(c) Hospital or institution:	(c) City or town Quillusone, (If outside city or town limits, write RURA	I and wine town t	
		Land give town;	
	W. Street No. 2 0 0 if to idgehill (If fural give location)	NXI -	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(II) drai give location)		
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?.	years	
3 (a) FULL NAME William & bus	sich de		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
No.	20. DATE OF DEATH LLE 0 / 4 th 1939	at S. M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state		
male white divorced married	ed deceased from Dec 5. 19.39, to De		
6 16 Name of husband or wife Thresa A. busiek	and that I last saw h somalive on alec 14 19	CALLACT TO THE PARTY OF THE PAR	
6 (c) If alive, give age 5 2 years	Immediate cause of death	Duration	
7. Birth date of deceased (mo., day, yr.) Sept 6, 1885	21.		
8. AGE: Years Months Days If less than one day	Unaemia	9 days	
54 3. 8 hr. min.	Dug to P , h ;		
12 14 - 2111	Chanic Concretymateus les hortes	2 years	
9. Birthplace Ballius Azl, Ma. (Town, county, and state)	Due to		
10. Usual Occupation & ofillurary			
11. Industry or business wily of Ballewill	Other Conditions		
		PHYSICIAN	
	(Include pregnancy within 3 months of death)	THISICIAN	
13 Birthplace I relaud	Major findings: Of operations	Underline the	
# 14. Maiden Name Moria belly.	Of operations.	death should be	
15. Birthplace Ixeland.	Of autopsy.	charged statis-	
2			
16 (a) Informant Mrs Theresa A Cusical	22. If death was due to external causes, fill in the fo	ollowing:	
1) Address 2004 bedgehill Axe	(a) Accident, suicide, or homicide		
17 (a burial b) Date thereof 12/16/1930	(b) Date of occurrence.		
(Burial, cremation, or removal)	(e) Where did injury occur? (City or town) (Cour	nty) State:	
(c) Cemetery or crematory Dallium	(d) Did injury occur about home, on farm, industrial	place, in public	
Location & end of Botth See	place? While at wor	k?	
18 (a) Funeral director to the Coware Son	(Specify type of place)	1.	
Walter 201 Afallus off.	(e) Means of injury		
Audress 1 - Mill	23. Signature M. D.		
(Date rec'd by registrar)  Registrar	Address 1910 W. Rosch Ar Date sig	medice 14, %	
The state of the s		7	

### E 63873

# CERTIFICATE OF DEATH 82 Registered No.

i there is	V 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3010
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(1) Baltimore City, Maryland		
(b) Street address	(a) State (b) County	
c) Hospital or institution:	(c) City or town	
	alf out ide city or town limits, write RURA	AL and give town)
	d Street No. 2012 E. Monuma	and H
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Rt Rev. Pronsignor	Joseph Cunnane	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH Dec. 13 1939	7 -18 = PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or		-
In. Whire divorced Singhe.	ed deceased from 13 1937 to	
	and that I last saw h con alive on Sec 13	0 39
b (b) Name of husband or wife	and that I last saw h the alive on	9 5 7 .
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 26 July 1853	Cerebral Thromboses	- 0
AGE: Years Months Days If less than one day	( right side)	30 hours
86 5- 1317 - hr min.	Due to	
9. Birthplace Bayow SARA, LouisiANA.		
9. Birthplace (Town, county, and state)	Due to .	
10. Usual Occupation CainoLie Priest.		
II. Industry or business	Other Conditions	
	deute windy retention	PHYSICIAN
12. 141111	(Include pregnancy within 3 months of death)	PHISICIAN
13 Birthplace JROLDND	Major findings:  Of operations	n se to which
14. Maiden Name ELiz ABETH ONTHANK	Or operations	ath should be
	01	anged satur-
15. Birthplace Dae LAND	Of autopsy	ti ally
16 (a) Informant Rev. ARTHUR W. MURPhy	22. If death was due to external causes, fill in the fo	ollowing:
16) Address 2012 E. Monument Sv. Balls mJ	(a) Accident, suicide, or homicide	
17 a Buriah (b) Date thereof Dec. 18th 1939	(b) Date of occurrence	
(flurial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	rty) (State)
Cemetery or cremetory Sr. Charles College	(d) Did injury occur about home, on farm, industrial	
Location Camely .	place? While at wor	
The First .	(Specify type of place)	
18 a Funeral director Jegs. M. S. B. C. B. C. B. C. C.	(e) Means of injury	, , ,
MEAddress 1891. Wolfe Sv Back ms.	23. Signature William & mc Class	feely
		m. D.
(Date rec'd by registrar) hunting for Williamship	Madress Par Control	The leaf

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

Months

d Hospital or institution

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH// 2. USUAL RESIDENCE OF DECEASED: C b County d Len th of stay in hospital or inst yrs., mos , or days (e) If foreign born, how long in U. S. A.? Length of stay in Baltimore (yra mos., or days) Like MEDICAL CERTIFICATION 20. DATE OF DEATH DEC OMBER 4 1939, at 7. 4.M 21. I certify that death occurred on the date above stated, that 1938. to DE Cuber 939. and that I last saw her alive on DEc cuber 18 1939 Duration Immediate cause of death 5days Bronchopneumoma Days Due to Due to PHYSICIAN Und rline the Major findings: Of operations to habralite harzed at 1 Of autopsy As above 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence (b) Date thereof Dey-16.39 (c) Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) (e) Means of injury 23. Signature / Cran (B. r. siguita Sura 103 Ma hinia Arthus

18 a Funeral director

b Address

9 Birthplace

10 Usual Occupation 11. Industry or business

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Md. (b) County	
(b) Street address 3201 Woodhome We	D 1-4	
(c) Hospital or institution:	(c) City or town Callo outside city or town limits, write RURAL	Land give town
(d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 14yrs.	Street No. 320/ Woodh	years
3 (a) FULL NAME Ida & Case		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
no No. none	20. DATE OF DEATH Dec. 15, 1939	21 00 A.M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state.	
Finale While Willowed	ed deceased from Oct 25, 19 39 to Dec.	
6 b Name of husband or wife Francis M. Case	and that I last onw her alive on Dec 15, 19	
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) June 30,1853	Coronary Selecosis	7
8. AGE: Years Months Days If less than one day	myocordial manfinering	_
8/ 3 /8 hr. min.	Due to	
9. Birthplace Town, county, and state)	Donate	
10. Usual Occupation of he	Due to	
11. Industry or business	Other Conditions	
12. Name 6 harles Young		PHYSICIAN
13. Birthplace Soul	(Include pregnancy within 3 menths of death)  Major findings:	
<b>5</b>	Of operations	Laderlin the
14. Maiden Name Caroline Gallinne 15. Birthplace Rowa		death should be charged statis-
	Of autopay hat performed	ticuity
16 (a) Informant Typest Matthews	22. If death was due to external causes, fill in the foll	owing:
(b) Address 3261 Woodhane Que	(a) Accident, suicide, or homicide	
17 (a) Burial (b) Date thereof Dec. 19 39	(b) Date of occurrence	
() Cernetery or crematory Del norte Cem	(c) Where did injury occur?	
	(d) Did injury occur about home, on farm, industrial p	
Location 6 olorada	place? While at work (Specify type of place)	
(a) Funeral director Z. Lassalin & Son	(e) Means of injury	
Eli Jedgeson 7401 Belair Ord.	23. Signature Kalhan Janney	
19 (a) Date res And Gistrar & Integer Williams All	Address 7101 Harford Rd Date signe	M. D.
VS 3	6	

# 50851 F 63876

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH,

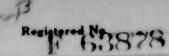
Registered No.

b) Street address Baltimore Maryland		z. USUAL RESIDENCE OF DECEASED:			
		(c) City or town Baltimore			
c) Hospital o		ni+ale		ilf out ide city or town limits, write KUR	Al and give town;
Baltimo	re City Hos	pitale.		Ad) Street No. 831 Ashland Ave.	
		yrs., mos., or days	110=	(If rural give location to) If foreign born, how long in U. S. A.?	yeary
(a) FULL NA	Charles	Henry Danie	als		V
b) If vetera	n, name war	3 (c) Social S No.	ecurity Account	MEDICAL CERTIFICATION  20. DATE OF DEATH 12/14/29 19	. at 6:30 M
Sex Male	5. Color or race Colored	6 (a) Single, marri divorced.	ed, widowed, or	21. I certify that death occurred on the date above sta	14/419 .
b Name o	of husband or wife.			and that I last saw h) m alive on 11/19/34	19
		6 c If alive, give	age years	Immediate cause of death	Duration
7. Birth date	of deceased mo.	day, yr. Nov.		Detercutous Meningetis	12days
8 AGE: Ye	Months D	Days If less t	han one day		
4	0	28 hr.	min.	Due to	
9. Birthplace		Baltimore (Town, county, and str	10)	Due to	
10 Usual Occ			0	Other Conditions	
11. Industry o				Other Conditions	DUVSICIAN
12 Name	James Da	niels		(Include pregnan y within 3 months of death)	PHYSICIAN
13 Birthp	lace	Va.		Major findings: Of operations	Underline the
Maria	n Name Flore	ence Marshal	1	Or operations	leath should be
15. Birtlip		Md.		Of autopsy	timily
				22. If death was due to external causes, fill in the	following:
lb a Inform			14.3	(a) Accident, suicide, or homicide	
b Addr		nore wity Ho	Occ 18/20	(b) Date of occurrence	
17 a Dec	cremation, or removi	b Date thereof (mo		(c) Where did injury occur?	unty) (State)
(c) Ceme	tery or crematory	mt Calve	reg	(d) Did injury occur about home, on farm, industria	
Locati	ion Brook	land.		place? While at w	
Locati	aldinotes to	6 Wilse	0	(Specify type of place)	
Adde	11-10	Orlean 2	₹	(e) Means of injury 23. Signature	
19 (a)	oc'd bring Qur	thurte ofor	Williams, M.	4 11 2 4 11	igned 12/15/29
VS 3		ZH.	4		

1. PLACE OF DEATH: (a) Bultimore City, Maryland		2. USUAL RESIDENCE OF DECEASED;  Maryland  (a) State (b) County	
b) Street address 4940 20 tern Avenue		(c) City w wwn Haltimore	
Baltimore City	Hospitals	If outside city or town limits, write RU h	CAL and give town)
	3 17110	Street No. 1150 Ward Street	
d Length of stay in liospital or inst	, , , , , , , , , , , , , , , , , , , ,	ilf rural give location	Ú.
(e) Length of stay in Baltimore (yrs.	., mos., or days L110	e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Clarence F	dwards		
3 (b) If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  12 - 15 19	01 0 10
	Single, married, widowed, or orced. Married	21. I certify that death occurred on the date above at ed deceased from S = 10 1938, to 1	ated, that lattend-
6 (b) Name of husband or wife 111	norva	and that I hat saw he sa alive on 12-15	1939
	o If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased mo., day,	yr Oct. 19, 1879	13 chopumous	fe days
8. AGE: Years Months Days 60 1 26	If less than one day	Due to Fracture left femme	3'2 month
9. Birthplace Maryland		<i>V U</i>	
10. Usual Occupation Farmer	n, county and tate;	Due to	
II Industry or business		Other Conditions	
12. Name Charles Harr	rison Edwards	include prigrate within 3 months of death)	PHYSICIAN
12. Name Charles Harriand 13 Buthplace Maryland		Major findings:	Underlies the
H 14 Maiden Name Amanda	Baker	Of operations	h to his
5 15 Buthplace Mary		Of autopsy	harged states
16 a Informant Records		22. If death was due to external causes, fill in the	following
h Address Baltimore C	ity Mosnitals	(a) Accident, suicide, or homicide Locales	1
	Date thereof 12-17-39	(b) Date of occurrence 8 24 39	
Furial, cremation, or removals	(munth) (day) tyear)	(c) Where did injury occur? (City or town) (Co	unty) fat
( Cemetery or crematory	in Chapel	(d) Did injury occur about home, on farm, industria	The second secon
D. Location Stapes	169	place? A CALL While at wo	rk?
May syneral director Charry weer		(e) Means of injury fell out of be	7
(b) Adrew Syperson 1911.		23. Signature Lycelso la la fr.	M. f.
19 (a) (Date rec dia reg) trar) Registrar		Address del ro o ty Torafo Date si	med 2-15.31
VS 3	N. Su	Sollensolver, no doses	Ramara

63878

# CERTIFICATE OF DEATH



. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
	12 (a) State Mol. (b) County	
138 / XI ON	en H. Bollin	ne
b) Street address. J	(c) City or lown	RAL and give town)
.) ************************************	138 M. How	en sk
	A Street No.	on)
d) Length of stay in hospital or inst. (yrs., mos., o	days)	years
e) Length of stay in Baltimore (yra., mos., or days	(e) If foreign born, how long in U. S. A.?	
(a) FULL NAME Sagar	B. Dawes	
2 (c) Social S	Security Account MEDICAL CERTIFICATION	
(b) If veteran, name war (c) Social (	20. DATE OF DEATH SCC. 13 196	39 . at 3 - 0 M
Sex 5. Color or race 6 (a) Single, mar	ried, widowed, or I I conify that death occurred on the date above	stated; that lattend-
divorced	med ed deceased from Supt 5 195%, to	ce13 1927.
Male alute of the	and that I last saw his alive on Sec 13	19 39
6 b Name of husband or wife There		Duration
6 (c) If alive, giv		
7. Birth date of deceased mo., day, yr. Que	-17-1107	
8. AGE: Years Months   Days   If Iles	than one day	e 6 mills
55 3 1 18 h	r. O min. Due toy	
Batto.	Md. \	
9. Birthplace . (Toy County, and	(tate) Due to	
10. Usual Occupation	• •	
11. Industry or businessy Purity	Other Conditions	
Minor M. 6	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name	Major findings:	Underline the
13. Birthplace	Of operations	cause to which
Sottie M	Jalem	charged statis
14. Maiden Name	Ind. Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in the	he following:
16 (a) Informan Thursday	(a) Accident, suicide, or homicide	
(b) Address / 38 N. Ha		
17 (a) Buriel b Date thereof	12/18-39 (b) Date of occurrence	
17 (a) Date thereof	morth (day in () var)	(County) (State)
Balk	(d) Did injury occur about home, on farm, indu	etrial place, in publi
(c) Cemetery or crematory	While at	work?
Location Of A.	(Specify type of place)	
18 (a) Funeral director	(e) Means of injury	29
(b) Address 3000 E. L	23. Signature	/- M. D.
DEC 15 1928 + 1= 18	Minus 45 1 11 Deg Want Bly De	te signed 14, 15,
19 La robe by retrieval	Registrar Address	

VS 3

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



F 63879

371312 CERTIFICATI	E OF BEATT	
	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:	(a) State Dist Coli) County	
Baltimore City, Maryland	(c) City of town Washington (If entaide city or town limits write RURAL)	and give town)
Street address	(f) City of town in town limits write it is the city of town limits write it is to the city of town limits write it is to the city of town limits write it.	
Hospital or institution: 10888 HOPKINS HOSPITAL	d) Street No. 1717 R Struck (If rural give location)	
Length of stay in hospital or inst. (yrs., moa., or days) 35 days	LUSAN	years
Length of stay in hospital of inst. (yes	(e) If foreign born, how long in U. S. A.?	
I see the of stay in Baltimore yes, most		
FULL NAME DI 11:0 D EWING	MEDICAL CERTIFICATION	CP
	TOC-14 1939	at 1155 M
Will veteral hame	20. DATE OF DEATH 22. I certify that death occurred on the date above state.	d; that lattend-
5 Color or race 6 (a) Single, married, widone	21. I certify that death occurred on the date above states ed deceased from Nov. 10 19 39, to Dec. ed deceased from Nov. 10 19 39, to Dec. 14 19	14 1937.
IN INL TO WINKRIED		37.
		Duration
6   Name of husband of husband of lalive, give age 6   year		
7. Birth date of deceased mo., day, yr. 3-30-77	in. Due to Carcinoma of Bladder	
	Due to Carcinoma of Diagram	aver.
8. AGE: Years Months /5 hr. mi	in. 0	
PA A	Due to	
9. Birthplace (Town, county, and state)		1
10. Usual Occupation Clerk	Other Conditions	PHYSICIAN
11. Industry or business  12. Name James B Ewing  PA	(Include pregnancy within 3 months of death)	Underline the
# 12. Name JAMES DEWING	Major findings:	cause to which death should be
13. Birthplace	Of operations	charged statis-
13. Birthplace  14. Maiden Name Effic ARREIL  Obio		tically.
14. Maiden Name 2 Ohio	22. If death was due to external causes, fill in the	following:
15. Birthplace Records	(a) Accident, suicide, or homicide	
16 a Informant	(a) Accident	
Address b) Date the registration (day)	/// \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ounty) (State)
17 Sunt (day)	hout home, on farm, industr	ial place, in public
Cemetery or erematory		work?
Marion Co	(Specify of Pe	
Location Min Control	(e) Means of injury	MJD. /
18 a Funeral director 1 519 Ff Foul of	23. Signature Brus Brulare for	signed /2 /14/3
(b) Address (b) thenting for Milian Regist	Address Johns HUJANO 10	
19 (1) C 1 15 10 100	V	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered Nov3880

5.3880	CERTIFICATIO	V	
c) Hospital or institution:	Bellona ave Sanatorium	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County (c) City or town (1f outside city or town limits, write it)  (d) Street No.	Maryt Wand give town)
d Length of stay in hospital or inst		(if rural give location (i) If foreign born, how long in U. S. A.?	//-
3 (a) FULL NAME Annie 3 (b) If veteran, name war	2. Beau  3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH See 19	39 m 17. 11. His
Name of husband or wife	(a) Single, married, widowed, or vorced.	21. I certify that death occurred on the date above at ed deceased from the 4th, 1939, to the and that I last saw has alive on the 13'	(19 3 ) Duration
7. Birth date of deceased mo., day 8. AGE: Years Months Days 6. 9 2 6	oct. 8, 1872 If less than one day hr. min.		246.2
10. Usual Occupation 11. Industry or business 12. Name.	clemente,	Other Conditions / y for tweer 6- (conditions / y for tweer 6-) (conditions / y for tweer 6-) (Include pregnancy within 8 months of death)  Major findings:	PHYSICIAN Underline the
13. Birthplace	unknown	Major findings: Of operations  Of autopsy  City is the	cause to which death should be charged statis- tically.
16 (a) Informant Steps (b) Address St. M. (a)	hen Bland ruje o Md	22. If death was due to external causes, fill in the (a) Accident, suicide, or homicide b) Date of occurrence (c) Where did injury occur?	County) (State)
(c) Cemetery or crematory  Location	Marye of Ma	(c) Where did injury occur about home, on farm, indust place?  (Specify type of place)  (e) Means of injury.	trial place, in public
(b) Address 12-5 190 C 15 1339 b) +	northe Miliaura M. Registrar	23. Signature  Address H N Fare, BD Date	e signed/4/14/34

63881 CERTIFICATE	OF DEATH
PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address 1812 wilkens AVE.  c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town Baltimare  (If outside city or town limits, write RURAL and give town)  (d) Street No. 1812 Wilkens Ave.  (If rural give location)  (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME Ella May Malone 3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH / 2~ / 2 ~ 1939, at 7 49 M
No.  4. Sex emale  5. Color or race of (a) Single, married, widowed, or discreptived  6 (b) Name of husband or wife James R. Malone  6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) July 5, 1889.  8. AGE: 5 Years Manths Days If less than one day hr. min.  9. Birthplace  10. Usual Occupation H. W.  11. Industry or business Own Home  12. Name  13. Birthplace.d.  14. Maiden Name Phoebe R. Plummer	21. I certify that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
15. Birthplace  16 (a) Informant AMES R Al one,  b) Address 1812 vilkens Ave.  17 (a) Burial (b) Date thereof 12/16/39.  (Burial cremation, or removal)  (c) Cemetery or crematory  Location Old Froderick coats  (d) Funeral director  (e) Address 4101 Amond son Ave.  19 Old 16 1939 (c) The amand of the coats of th	Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address  Date signed 1

#### E 62889

#### BALTIMORE CITY HEALTH DEPARTMENT

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1	Registered N	
		57000
		20003

	TIMORE CITY HEALTH DEPARTMENT 45 Registered N. 13882
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(b) Street address 1844 W. Less (c) Hospital or institution:	(c) City or town Sallimore (d) City or town (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., (e) Length of stay in Baltimore (yrs., mos., or de	/
3 (a) FULL NAME Prargaret &	
3 (b) If veteran, name war 3 (c) Social No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
6 (b) Name of husband or wife at wm 6 (c) If alive, g  7. Birth date of deceased (mo., day, yr.)  8. AGE; Years Months Days Af lee	Due to  Other Conditions Grebral Thrombaic  (Include pregnancy within 3 months of death)  Major findings:  Of operations  Of operations
15. Birthplace  16 (a) Informant the Bucket  (b) Address 1841 W. Sep  17 a Burial (b) Date thereof	Of autopsy

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH F 63883 1. PLACE OF DEATH: Baltimore City, Maryland & Street address

5. Color of race 6 (a) Single, married, widowed, or

divorced Divorced

If less than one day

years

Date signed / 2

6 c If alive, give age

(I wa, unty, and state)

Homas G. Beck

· cons/rapole

d Length of stay in hospital or inst. yrs. mos., or days

length of stay in Baltimore vis, mos, or days

7. Birth date of deceased mo., day, yr. 6 13

Hospital or institution.

3 h li veteran, name war

6 7 Name of husband or wife

8 AGE: Years Months

10. Usual Occupation 11. Industry or business

13. Birthplace

15 Bribp ace

4. Sex

NO Registered No. 2. USUAL RESIDENCE OF DECEASED: (b) County Ballinon (If out tile city or fown limits, write RURAL and give town) If foreign born, how long in U. S. A.? years MEDICAL CERTIFICATION 20. DATE OF DEATH Mechalon 12 1959, at 950 PM 21. IHEREBY CERHFY, That I took charge of the remains described above, held an Culony thereon and from the evidence find that said deceased came obtained by said (Autopsy or Inquiry) to les death on the day stated above. Immediate cause of death hactions J-4 Thorace Due to Crushing of spend Due to Crushing / ugury Other Conditions PHYSICIAN (Include pregnancy within 3 months of death) Major findings: Underline the cause to which Of operations death should be Perof charged statis-Of autopsy 22. If death was due to external causes, fill in the following (a) Accident, suicide, or homicide Weather! (b) Date of occurrence - 10,89 (c) Where did injury occur wash Blod at Camelo will (City or town) (Square) AState (d) Did injury occur about home, on farm, industrial place, in public place? clate loved While at work? (Specify type of place) (e) Means of injury of suls car a cudent 23. Signature & My suck Sufe M.D.

1 Date thereof 12 Cemetery or crematory Dalto. National , trederick Ro 18 1 I uneral director tarry H linkful 1) Adding 410/ Edgrandfrom an huting for Miliams, M. Registrar VS E

1 Address 1085 Ellest Herine

14 Maiden Name Minnie Dennis

16 1 Informani Miss Gertrude Beak

### BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

63884 CERTIFICATE	
(a) Baltimore City, Maryland (b) Street address (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County Carroll  (c) City or town rural Carroll  (lf outside city or town limits, write RURAL and give town)  (d) Street No. (lf rural give location)  (e) If foreign born, how long in U. S. A.? years
3 (a) FULL NETE. Educated Marking 3 (b) If veteran, name war No.	MEDICAL CERTIFICATION  20. DATE OF DEATH December 15, 1939, at 8 P. M.
4. Sex  5. Color or race  12. Lett  6 (a) Single, married, widowed, or divorced.  Married  Brown  6 (b) Name of husband or wife  6 (c) If alive, give age 51 years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day  6 (2) 2 2   hr.  9. Birthplace  10. Usual Occupation  11. Industry or husiness  12. Name  13. Birthplace  14. Maiden Name  15. Color or race   6 (a) Single, married, widowed, or divorced.  16. (a) Single, married, widowed, or divorced.  17. Married  18. AGE: Years   Months   Days   If less than one day   Letter   Letter	21. I certify that death occurred on the date above stated; that I attended deceased from Sec. 14, 1939, to Sec. 15, 1939, and that I last saw him. alive on Sec. 15, 1939.  Due to  Other Condition  Hiperture  (Include pregnancy within 8 months of death)  Major findings:  Of operationa  Mulipurt Ridney  Underline the cause to which death should be charged statistically.
15. Birthplace  16 (a) Informant  (b) Address  17 (a) Burial  (b) Date thereof 12-18-39  (Rurial, cremation, or removal)  (c) Cemetery or crematory Student Campberg  Location what  18 (a) Funeral director form R. Byen  (b) Address  19 (d) For 16 1930 thunter the Milianus, 15	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of imjury  23. Signatur  Address

#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE OF DECEASED: Baltimore City, Maryland (b) County (b) Street address 6 / L/X c Hospital or institution: d Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) CFC (e) If foreign born, how long in U. S. A.? 3 (a) FULL NAME 3 / If veteran, name war 3 N Social Security Account MEDICAL CERTIFICATION 20. DATE OF DEATH & Separter 15 19-1. at MARE 4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I HEREBY CERJ IFY, That I took charge of the remains described divorced. (Autopy or Inquiry) above, held an 6 1 Name of husband or wife obtained by said find that said deceased came (Autopsy or Inquiry) 6 c If alive, give age to Me death on the day stated above 7. Birth date of deceased mo, day, yr. Immediate cause of death. 8. AGE: Years Months If less wan one day Davs (Town, county, and state) none 10. Usual Occupation Due to non 11. Industry or business w Swith 12. Name Other Conditions 13. Birthplace Ballonore (Include pregnancy within 3 months of death Major findings: Of operations 5 15. Birthplace Ballmon Of autopsy 16 a Informant b Address 612 Hypor St 22, If death was due to external causes, fill in the following: a Accident, suicide, or homicide MA (b) Date Hereof Alec 1 8/39 (month) (day (year) (b) Date of occurrence Cemetery or crematory Lordan Stell (c) Where did injury occur? (City or town) a a co. md d Did injury occur about home, on farm, industrial place, in public

Duration

PHYSICIAN

Underline the

cause to which

death should be charged statis-

M.D

While at work?

(Specify type of plage)

e Means of injury /

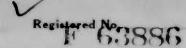
23. Signature Date signed

18 1 Funeral director M Man level

St Paul S

thentington Pallianis, M.P.

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State had (b) County Baltamark
(c) Hospital or institution	Citysor town 2114 Deshared and Bollow (If outside city or town limits, write RURAL and give town)
Marcy Hospital	
d Length of stay in hospital or inst. (yrs., mos., or days)	Street No. 20 114 Parament Count Bold
e Length of stay in Baltimore (yrs., mos., or days)	e If foreign born, how long in U. S. A.? years
A FULL NAME JAMES F. CUNIYING	HAM
3 (h) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. 28-07-7862	20. DATE OF DEATH Recember 157 1939 . at 5 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, w	21. IHEREBY CERTIFY, That I took charge of the remains described
Married	above, held an thereon and from the evidence
6 (b) Name of bushand or wife act . Kning ham	obtained by said and find that said deceased came
6 c) If alive, give age J2 years	to death on the day stated above.
7. Birth date of deceased (mo., day, yr.) Oe 193 1867	
8. AGE: Years Months Days If less than one day	Immediate cause of death  Consumption ascending
3772 / 26 hr. min.	and descending anti
9. Birthplace Maskington D. C.	Due to
10. Usual Occupation Stirl Boof Kealer	arterioclaross, gasard
II Industry or business Sun Papers	Due to
12 Name of your Councingham	Other Conditions
13 Birthplace Wachington D.C.	(Include pregnancy within 3 months of death) PHYSICIAN
14 Maiden Name Mary (Intron)	Major findings: Underline the
5 15 Birthplace	Of operations ease to which death should be
16 1 Informant rac & T. Cunningham	Of autopsy 23 store tically
1) Address 2714 Barkwood don	22. If death was due to external causes, fill in the following:
17 10 Date thereof 12 18/34	(a) Accident, suicide, or homicide
(month) (day (year)	(b) Date of occurrence
Cemetery or cremetory Wood Lawn	(C ty or town) (County) (State
Location Salto, Co. Med	(d) Did injury occur about home, on farm, industrial place, in public
18 18 Funeral director Walkiam Cook	place? While at work? (Specify type of place)
(h) Address (217 St Paul St	(c) Means of injury
19 Africa Strain W. anthongton Williams M. A. Registrar	Date signed Die 15, 1939  M.D.  Date signed Die 15, 1939
VIII 26	

#### HEALTH DEPARTMENT-CITY OF BALTIMORE 63888 CERTIFICATE OF DEATH 63888 Registered No. (16 death occurred in a hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH miss......ds. How long in U. S. If of oreign birth? .... yrs. ....mos. ... ds. Langth of residence in city or town where death pocurred Syra. H If. S. Veteran specify WAR Nous (If non-resident give city or town and State) ...Ward. ..... (Unum phase of abode) (a) Residence: No. 8 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) /2 5. Single, Married, Widewed, or Diversed (write the word) HEREBY CERTIFY, That I attended deceased from 4. Color of Race . 1939 3. SEX 1932 to Dec 15 here 10 JY Death is said Ulmaro Hart sawher alive on Dec 15 5a. If married, widewed, or divorced crano to have occurred on the date stated above, at ..... HI SBAND of (OT) WIFE of The principal cause of death and related causes of 6. DATE OF BIRTH (month, day, year) Date of erest If LESS than Months reallo Years 1 day, hrs. 7. AGE a. Tende, profession, or particular kind of work done, as spinner ... sawyer, bookkeeper, etc., 9. Industry or business in which Other contributory causes of impartance: 3 hays work was done, as silk mill. naw mill, bank, etc. 11. Total time (years) 10. Pute de eased last worked at this occupation (month and occupation wo VANCE 1 Was an operation performed! 12 HIRTHPLACE (city or town) For what disease or injury? (State or country) What test confirmed diagnosis ? Course Was there an antenny? To 11. HERTHPLACE (city or town) Marshad 6 23. If death was due to external causes (violence) fill in also the fol-Accident, auleide, or hamielde? ... Date of injury ... (State or country) 15. MAIDEN NAME mison (Specify city or town, county and State) Where did Injury occur?.... Specify whether injury occurred in industry, in home, or in public 16. HIRTHPLACE (city or town) (State or country) place Manner of Injury (Address) Date Lec . 18 - 39 18. BI RIAL. CREMATION, OR REMOVAL Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? LLO II men mentifica 19. UNDERTAKER

(Signed).

(Address)

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



96 Registered No. F 63889

	1. 00000
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md. (b) County Balto
(6) Street address Reduvood + Greene 8 4	The state of the s
(c) Hospital or institution:	(c) City or town Trelle LC
University Hapital	(If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14	Street No. Arcs Nach,
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.) years
3 (a) FULL NAME Katherine Brooks	or Katherine Figgs
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH December 13 1939. at 1 7.M
4. Sex 5. Color or race 6 (a) Single married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
Temale Colours d'ivorced. Married	ed deceased from MARAGEL 27 1939 . 10 CC . 13 1939.
6 (b) Name of husband or wife aleganter	and that I last saw h Ca alive on Dec 13 1939.
6 (c) If alive, give age years	Immediate cause of death , Duration
7. Birth date of deceased (mo., day, yr.) 8/27/1909	Subcortical Hemorhage 1 8 Days
8. AGE: Years   Months   Days   If less than one day	Interachund " 16"
30 3 16 hr. min.	Due to Congenital anemysin
9. Birthplace. Addo. Co. Mil.	Internal Carotid arthe?
(Yown, county, and state)	Due to
10. Usual Occupation	
II. Industry or business	Other Conditions Hypertensies - Peter-
12. Name Freeman Justica	Tany light Obesity Include pregnancy within 3 months of death) PHYSICIAN
13. Birthplace	Major findings:
# 14. Maiden Name Lida	Of operations
6	death should be charged statis-
15. Birthplace	Of autopsy Sel Clove , charged statistically.
16 (a) Informant // LA. Malle Carofia	22. If death was due to external causes, fill in the following:
(h) Address and estate of Ma,	(a) Accident, suicide, or homicide
17 (a) (b) Date thereof 125-16-39	(b) Date of occurrence
(Burial, cremation, or removal) (roonth) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Salfan C.	place? While at work? (Specify type of place)
18 (a) Funeral director flash. Will be North Mand	(e) Means of inju A. A.
(b) Address / be I wind still those	23. Signature John a Wagner
19 (c) (b) + + h// 19	we have great to be to be seen and
The state of the s	Address Park organical Control of the organica
V8 8-	1939

BALTIMORE CITY HEALTH DEPARTMENT 93 - CRegistered No. IF 63890

		i je je je
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State md. (b) County	
(h) Street address 714 W 36 2 St.	(c) City or town Baltimore.	
c Heapital or institution:	(If out ide city of fown limit write it it	At and give town)
	1) Street No. 714 W36 - St.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location	)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years.
6 /	un.	
3 b) If veteran, name war	MEDICAL CERTIFICATION	
No. 216-07-362.		9. m M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	ted, that lattend-
male white wislower.	ed deceased from wee 6 1939, to To-	Ge 15 1939.
6 1) Name of husband or wife Bresis M. Green	and that I last saw h is calive on Dec 13	19 3 T.
6 c If alive, give age years	E lamediate cames of death	Duration
7. Birth date of deceased mo. day. yr July 6, 1877	myocardetis,	1 Several
8 AGE: Years Months Days Pess than one day	arterio selevata lecas	was
6-2 5 hr. min	Due to arterio selenoses	400.
9. But splace maryland.	Due to	
10 Usual Occupation Steam Fitter.	Dife to	
Il Industry or business Martin Gir Port.	Other Conditions	
12 Name David Green.		PHYSICIAN
12 Name David	Major findings:	Underline the
13 Birthplace md.	Of operations	cause to which
14 Maiden Name Basbara Surschler.		chartle shineld be
15. Birthplace md.	Of autopsy	tically.
16 Informant Within Free.	22. If death was due to external causes, fill in the	following
11 Address 214 W362 St.	(a) Accident, suicide, or homicide	
17 (a) Buriaf. b Date thereof Su 18, 19.	(b) Date of occurrence	
Burial, cremation, or removal) (month) (day) (year	(City or town) (Ce	unty) (State)
(e) Cemetery or community Woodlaun	(d) Did injury occur about home, on farm, industria	
Location	place? While at we (Specify type of place)	ork?
18 Funeral director Chenowith + Donovau	(e) Means of injury (c) 17 7 2	9)
16) Address 3615-17 Chettuit leve.	23. Signature + the 2/00/	) "
19 6 C 16 1939 tunte gtor Philipsus, M.J.	· • 0 00 1/1/	igned 12/16/80
Date re d by reg (rar) Regultrar		02 739
	1 1 (Dellementer M. D. Ren. )	Medical

## BALTIMORE CITY HEALTH DEPARTMENT 107 Registered No. CERTIFICATE OF DEATH 107 Registered No.

(),)(),)	THE PART OF DECEASED.	
. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
0. 11 1 1	(a) State Md. (b) County	
b) Street address 40/5 Falle Road.	B. Wimoul.	
Hospital or institution:	(c) City or town Ballimore.	L and give town)
C Prospital of institution	Meteret No. 4015 Falle Ro	ad.
	A Street No. To the attention	)
d) Length of stay in hospital or inst. (yrs., mos., or days)	1	years.
Length of stay in Baltimore (yra., mos., or days) of the	(e) If foreign born, how long in U. S. A.?	7
3 (a) FULL NAME Sarah M. Jon	MEDICAL CEPTIFICATION	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	9 85 W
No.	20. DATE OF DEATH Secenber 14, 19 3	/, at = CL. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, o	21. I certify that death occurred on the date above sta	ted; that lattend-
timale white married	addressed from IJec 6 1937, to Ja	C. 7 19 2
D D Company	and that I last saw has alive on Da .: 4	19 3 7
6 (b) Name of husband or wife (c) If alive, give age 89 year		Duration
7. Birth date of deceased (mo., day, yr.) July 12, 1849		
8. AGE Years Months Days	B. anishes	- 1
90 4 27 hr. mi	n. Due to ISA Due to	3 days
a Balalan mary land of	min of a chal	0
9 Birthpiace Jown, county, and tate)	Due to	11
10. Usual Cocupation none.	- Julian	
11. Industry or business	Other Conditions	PHYSICIAN
0 0	(Include pregnancy within 3 morths of death)	PHISICIAN
Z 12 Valle	Major findings:	('nd rine the
13. Birtisplace Unhouse	Of operations	death should be
H 14 Maisen Name Unknown		charged stalls-
E I I I I I I I I I I I I I I I I I I I	Of autopsy	sically.
15. Birthplace	22. If death was due to external causes, fill in the	e following:
16 (a) Informant Joshua Jones.	(a) Accident, suicide, or homicide	
(b) Address 4015 Falls Road.	(b) Date of occurrence	
Bate thereof Are 18, 17	Where did injury occur?	County) (State)
(month) (day) tye	(d) Did injury occur about home, on farm, industr	O WILLIAM
Cemetery or crematory Driving Ridge	(d) Did injury occur about nome, on falls, while at	work?
I Peterrelle, ma.	place? (Specify type of place)	
18 (4) Funeral director Chenowith + Donova		11
18 (a) Funeral director of the further town	(e) Means of injury 222222222222222222222222222222222222	
(b) Address 4 M. II . III	23. Signature  Address 3 429 Charles M. Date	71. 15
19 15 C 1 6 soon to ton Pulliassie, M.	Address 9427 Miles	mignen the
During Acceptance of the Property of the Prope		

## HEALTH DEPARTMENT—CITY OF BALTIMORE F

F 63892

I-PLACE OF DEATH  CITY OF BALTIMORE: (No. 1701 Pumphrey Str	REGISTERED NO.  (If death occurred in a hospital or institu-
2-FULL NAME Sallie Elizabeth Phillips	tion, give its NAME
(a) RESIDENCE No. 1701 Pumphrey (Usual place of abode) Length of residence in city or lown where death occurred 6 yrs. 11 mos.	ST., WARD
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowell, or Divorced, (write the word)	14 DATE OF DEATH (
Female White Widowed  So If married widowed, or divorced or WHIL of Jesse R. Phillips	August 1939 to December 15 19 39
6 DATE OF BIRTH (month, day, and year) 7 AGE Years Months Days If LESS than 1 day, hra 69 9 7 5 ormin.	The CATICE OF DEACHER
(a) Tride, profession or None particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos ds.  CONTRIBUTORY Hypertension with general (Secondary) Visceral failure(duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) Upsom County (State or country) Georgia	18 Where was disease contracted  If not at place of death?
II BIRTHPLACE OF FATHER (city or town) (State or country)	Was there an autopsy? NO
12 MAIDEN NAME OF MOTHER Catherine Jones 13 BIRTHPLACE OF MOTHER (city or town)	State the Disease Gausing Death or in death from Vinter Co.
Informent Daughter Viras Hickman (Address) 1701 Pumphrey Street  15 1Field 1620 3 to to Milianus A Registres	state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)  19 PLACE OF BURIAL, CREMATION OR RE- MOVIAL  WOUNDERS // 26  Nother Sol Levinson - Blod.  Nother are

#### BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

Registed 18893

63893	CERTIFICATE	E OF DEATH / / / W ) O	0000
1. PLACE OF DEATH: (a) Baltimore City, Maryland		2. USUAL RESIDENCE OF DECEASED:	
b) Street address 4940 mastern. (c) Hospital or institution: Beltimore Uity Hospital		(c) City or town Fal to.  (d) City or town Fal to.  (e) City or town limits, write RURAL	and give town)
d Length of stay in hospital or inst. (yrs.,		d Street No.h 908 Peach Alley (If rival give location) (e) If foreign born, how long in U. S. A.?	years
(a) FULL NAME	nkins		
	Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH December 14 19 39	, at / 30 AM
Female Volored 6 (a) Sing divorced.	le, married, widowed, or Unknown	21. I certify that death occurred on the date above state ed deceased from LLC 12 1939, to LLC	14 19 39.
6 b Name of husband or wife 6 c If al	ive, give age years	and that I last saw her alive on Mc. 14 19	Duration
7. Birth date of deceased mo, day, yr	00 9-15-1858	Bron les pulcumina	whenm.
	It less than one day hr. min.	Due to	
9 Birthplace Unknown (Town, count 10 Usual Occupation Unknown	ty, and tate)	Due to	
11. Industry or business		Other Conditions generalized anterior lemm.	unturan.
12. Name U Known U 13. Birthplace Unk	nown	Major findings:	PHYSICIAN  Underline the
14. Maiden Name Unki 15. Birthplace	no n Unknown	Of autopsy Politicania, arterior derrin.	leath he ld he harged datis-
16 (a) Informant B.C.H. Reco		22. If death was due to external causes, fill in the fo	llowing:
17 a Sural b Date the	rereof / 2 - 18 - 39 (month) (day) (year)	(b) Date of occurrence (c) Where did injury occur? (City or town) Coun (d) Did injury occur about home, on farm, industrial	
Location Balling	I Drotor 1 In	place? While at work	
OF C 1 6 200 Hunting	or Milliams M.D.	23. Signature mwashelskein Address Dallo City Hog. Date sign	M. D.

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
b) Street address Prive and 51st St.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo8da	(c) City or town all imore, larger large (If outside city or town limits, write RURAL and give town)  d Street Not. 912 Sharpe street (If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years	(e) If foreign born, how long in U. S. A.? years
(a) FULL NAME	
(b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DOC. 13, 1939, at 10:02M
5. Color or race 6 (a) Single, married, widowed, or divorced.  Colored Lottie Forter 6 (c) If alive, give age years	21. I certify that death occurred on the date above stated; that lattended deceased from July 5, 19.38, to 100. 13.1939, and that I last saw him alive on 100. 13, 19.38.
Birth date of deceased (mo., day, yr.) April 6, 1896	Immediate cause of death Tuburculonis, Duration In linguistry, Chronic, for advanced Unknown
AGE: Years Months Days If less than one day 7 hr. min.  D. Birthplace (Town, county, and state)	Due to
0. Usual Occupation Stevedore - Locust Point 1. Industry or business Labor	Other Conditions
12. Name Thomas Jackson, 13. Birthplace Island Crook, Id.  14. Maiden Name Sarah Farker,	(Include pregnancy within 8 months of death)  Major findings:  Of operations  Operations  Underline the cause to which death should be
15. Birthplace Purkers Creek, Md.	Of autopsy No autopsy charged statis-
6 (a) Informant 1900 18-10 8. Marine Hospital,  (b) Address Balthore, Var land.  7 (a) 1010 al b Date thereof 2/18/09  (Hurial cremation, or removal)  (c) Cemetery or crematory Gallo Malwinal  Location a Generally Ma  8 (a) Funeral directory can be a count for  (b) Address 88 W Morilgonand St.  (b) Address 88 W Morilgonand St.  (c) Registrar	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature. 7. 79. 11.  Address Lo. La 2000 A. Date signed

HEALTH DEPARTMENT-CITY OF BALTIMORE 63895 CERTIFICATE OF DEATH Registered No. .... 1. PLACE OF DEATH (If death occurred in 302 ottes a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. Length of residence in city or town where death occurred ... ... ... mos ... H U. S. Veteran specify WAR 2. FULL NAME .. ..... St., .......Ward. ..... (If non-resident give city or town and State) (a) Residence: No .... (Usual place of aboute) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, Bivorced (the the pord) 21. DATE OF DEATH (month, day, year) 4. Color or Race 3. SEX m#i HEREBY CERTIFY. Sa. If married, widowed, or divorced HUSBAND of I last naw h to have occurred on the date stated above, at 1015R.M (or) WIFE of The principal rause of death and related causes of 6. DATE OF BIRTH (month, day, if LESS than Months 7. AGE I day hra. .. min. OF 8. Trade, profession, or particular bind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk ..... Other contributory causes of importance saw mill, bank, etc. 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation A sear? Was an operation performed? 12. BIRTHPLACE (city or (State or country) For what disease or injury? 13. NAME Name of operation 14. BIRTHPLACE (city or town) St. te or country) Accident, suicide, or homicide?...... Date of injury...... iowing: 15. MAIDEN NA (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public Where did injury occur?.... 16. HIRTHPLACE (city or town) acountry) place IT. INFORMATA 302 (Address) Manner of injury. IS, BURIAL, GREMATION, OR REMOVAL Nature of Injury. Inton 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE Cara W II w (Address Of Wy Wordgomly (Signad) for Mollingery (Addrs 20. FILED

### BALTIMORE CITY HEALTH DEPARTMENT

13

Registered No. 1896

63896 CERTIFICATE	OF DEATH /2/ F 63896
	2. USUAL RESIDENCE OF DECEASED:
Dallimere City, Dezo Aminah AVO.	(c) City or town (If outside city or town limits, write RURAL and give town)
Hospital or institution:	d Street 36. 2532 Arunah Ave.
Length of stay in hospital or inst. (yrs., mos., or days)  Length of stay in Baltimore (yrs., mos., or days)  Life	(8) If foreign born, how long in U. S. A.? years
a FULL NAME Harry F. Meister,	MEDICAL CERTIFICATION 230 P
b) If veteran, name war	December 14. 1939. a - M
5 Color or race 6 a Single, married, widowed, or	21. I certify that death occurred on the 39 12/14 19 37.
Male White Married	Immediate came of death humwarkays Buration 3 days
Buth date of deceased (mo., day, yr.) January 1.1866  AGE: Years Months Days If less than one day  73 11 13 hr. inin.	Due 10 Arberio selevatie ?
Burthplace Baltimore Md.  (Town, county, and state)  (O. Usual Occupation Retired Clerk  (II. Industry or business C & P Belephone Co.	Other Conditions
12. Name Unknown 13. Birthplace Unknown	Major findings: Of operations.
14 Maiden Name Unknown	Of autopsy  22. If death was due to external causes, fill in the following:
16 la laformant Mrs Katherine H. Melster, 2532 Arunah Ave	(a) Accident, suicide, or homicide  (b) Date of occurrence
Burial (b) Date thereof 12-18-38 (month) (day) (year Burial, cremation, or removal)	State)
Cometery or crematory Baltimore Co.Md. Location	place? (Specify type of place)
18 a Funeral director 2700 Edmondson Avo.	23. Signature Huder & Jaly M. D. Address 380 3 Educator Date signed of

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address 1007 S Carroy C.	(a) State Ind. (b) County	
(b) Street address 1007 & Garey &C.	Bat.	
(e) Hospital or institution:	(c) City or town Saltemane (If outside city or town limits, write RURA	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	2   Wet 2. 1007 A. Carrey (If rural glob location)	
3 (a) FULL NAME John L. Rethman		
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH SEC 14 1939	46 P.M
1. Sex 5. Color or race 6 (a) Single married, widowed, or divorced. Married	21. I certify that death occurred on the date above that ed deceased from 29 1939, to 450	ed; that lattend-
6 (b) Name of husband or wife da q. Rethmon	and that I last saw him alive on Dec 14 1	The second second second
6 (c) If alive, give age years	Impediate cause of death	Dwating
7. Birth date of deceased (mo., day, yr.) Mch. 11, 1868	PRTEMOSTLERETTC	
8. AGE: Years Months Days If less than one day	/ CARDIOYASOURSE DISFASE	1938
hr. min.	Due to	******
9. Birthplace Balto Md.		
10 Usual Occupation From moulder	Due to	
To Otal Occupation	0	
11. Industry or business	Other Conditions CHRONIC BRENCHIS	2
12. Name Henry Cethman	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Germany	Major findings:	Underline the
	Of operationa	cause to which
14. Maiden Name Venrietta		death should be
15. Birthplace Germany	Of autopsy	charged statis- tically,
16 (a) Informations, Ida a. o Rethman	22. If death was due to external causea, fill in the fo	llowing:
(1) Address 1007 S. Care,	(a) Accident, suicide, or homicide.	
17 10 Parial _ (b) Date thereof 12/18/39	(b) Date of occurrence	
(Hurial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
(c) Cemetery, or cremator, Meadow Ridge	(d) Did injury occur about home, on farm, industrial	• /
Location Carsey, Ind	place? While at wor	
1-7/ 11/1-140	(Specify type of place)	
18 (a) Funeral director Tarrey N. Muffel	(e) Means of injury	2 88 80+0 0 1 88 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(b) Address 410/6 amonds of am	3. Signature devard & Mular	
19 (a) . (b) Thutte for Meanly,		ned 12-16-34
(Date rec'd by registrar) Registrar	Address 6 Copy of the State sign	nea 7
VC		/

## CERTIFICATE OF DEATH



CERTIFICATE OF DELITI		
PLACE OF BEATU.	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland		
502 NT Hollart	(a) State (b) County	••••
(b) Street address	(c) City or town factilis is a	
Hospitelog institution Hospital	(If outside city or town limits, write RURAL	and give town)
	(d) Server No. 502 Mt. Wally St.	
d Length of stay in hospital or inst. (yrs., mos., or days)	iff rural me location)	
	(e) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Dantimore (yes., most, or day)		1 1
3 (a) FULL NAME MIS Mandy Reier	Committee the second contract of the second	1/
3 (b) If veteran, name war   3 (c) Social Security Account	MEDICAL CERTIFICATION	0
3 (b) If veteran, name war	20. DATE OF DEATH De comber 14 2.1939.	atM
1//\C: 1 - mid midewed or		
- 1 1 divorced.	21. I certify that doesh occurred on physicate above stated ed deceased from DECambril 39, to DEC.	14/4939
temple value markely	ed deceased from	29
6 (b) Name of husband or wife George & Keier.	and that I last saw here alive on DEC. 14 49	Duraties
6 (c) If alive, give age 6 2 years	Immediate cause of doub	
7. Birth date of deceased (mo., day, ye fast, 18,1886	Bilateral Brouchopment	0.01.0 0.000000000000000000000000000000
8. AGE: Years Months Days If less than one day		
53 10 26 hr. min.	Due to	
11'51		
(Town, county, and state)	Due to	
10. Usual Occupation House wife	of C. E. Hugastanani	
11. Industry or business	Other Conditions Hypertenson.	BUYELCIAN
12. Name William J. Gardner	(Include pregnancy within 3 months of death)	PHYSICIAN
0 1/21	Major findings:	t'nderline the
13. Birthplace Salteshare	Of operations	death should be
14. Maiden Name Jannie M. Shipley		charged statis-
15. Birthplace	Of autopey	lically.
16 (a) Informant George & Reier	22. If death was due to external causes, fill in the fo	mowing:
(b) Address 502 Mi Hally St	(a) Aecident, suicide, or homicide.	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Date of occurrence	
17 (a) Burial, cremation, or moval) (month) (day) (seet)	(c) Where did injury occur? (City or town) (Cour	
(c) Cometery or crematory Loudon Parell	(d) Did injury occur about home, on farm, industrial	
Matter and	place? (Specify type of place) While at wor	
Location fracting long Cole		2
18 (a) Funeral director	(e) Means of injury	vail
UppAddress 1200 W. Lowback St.	23. Signature	M. D.
19 (a) 10 (b) It to top Prollinger;	Address Sypasy Date nig	med/
(Date of district)		7
V8 1 VAV		

#### F 63899

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	X	1
1	31	

F 63899 Registered No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland (b) Street address Re dwood & Greene Sts	(a) State Mod. (b) County Come	Grandel
(c) Hospital or institution:	(c) City be sown Leverna Par	1/
unwrity Hopital	ilf outside city or town limits, write RUR.	AL and give town)
1	(d) Street No.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location	)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.)	years
3 (a) FULL NAME Carner Pitts		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH December 13 1930	1 at 10 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	
Male Coloured Single	ed deceased from December 12 1939, to Dec	
6 (b) Name of husband or wife		9
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.)	acute Cardine Failure	12 km
8. AGE: Years   Months   Days   If less than one day		
55. hr. min.	Due to Hypertensin Carelowns -	
9. Birtholoce lukansas	Creland Descare & Renal Implicio	4
(Towps county, and state)	Due to	-
10. Usual Occupation Intout		
11. Industry or business	Other Conditions	-
2 12. Name Themas Itts	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace lukansas	Major findings:	Underline the
# 14. Maiden Name Jane Thomas	Of operations	cause to which
6	~	charged statis-
15. Birthplace Mos com	Of autopsy 700	tically.
16 (a) Informant of remes of all	22. If death was due to external causes, fill in the fo	ollowing:
(b) Address	(a) Accident, suicide, or homicide  (b) Date of occurrence	11-11-11-11
17 (a) (b) Date thereof (month) (day) (year)	(c) Where did injury occur?	
	(City or town) (Cou	
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	
Location Commissioner of South	(Specify type of place) While at wor	K/
18 (a) Funeral director September 18 (a) Funeral director	(e) Means of injury	
(b) Address Fer. N. A. Moore	23. Signature John al Wagner	W D
19 (a) TEC 1 C 1809 TE RESERVE	Address aniversely Hoop Date sig	ned 12/13/39
V8 9		

## HEALTH DEPARTMENT-CITY OF BALTIMORE 63900

CERTIFICAT	E OF DEATH 95-B
1. PLACE OF DEATH Tolunter of the	Registered No
	States and marker and number.
Length of residence in city or town where death occurred	
2. FULL NAME Seare of howard	specify WAR
(a) Residence: No. Oongus Md. (Usus) place of abole)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 3. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Dec. 15, 1939  22. I HEREBY CHRTIFY, That I attended deceased from  Dec. 10, 1939, to Dec. 15, 1939
Sa. If married widowed, or divorced HUSHAND of	I last saw ham alive on Occurrent 1939. Death is said
(or) WIFE of 4.1- 1857	to have occurred on the date stated above, at
6. DATE OF BIRTH (month, day, year)  7. AGE  Years Months  Days  1 LESS than 1 day, hre.	The principal cause of death and related causes of importance were as follows:
82 10 4 or min.	Aubral Germonlage Dec 1 1939
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, paw mill, bank, etc  10. Date deceased last worked at spent in this	Other contributory causes of importance:
this occupation (month and occupation	Was an operation performed?Date of
E 18. NAME Jacob Norwood	For what discore or injury?
5 14. BIRTHPLACE (city or town) - town bottom	Was there an autopay?
1,4	What test commend displays a construction of the following:  Accident, suicide, or homicide?
15. MAIDEN NAME AUTURAL  16. BIRTHPLACE (city or town)	Where did injury occur? (Smally alty or town, county, and State)
	Specify whether injury occurred in industry, in home, or in public
17. INFORMANT LO. W. Morris	Manner of Injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of Injury
Place Commount Date of	24. Was disease or injury in any way related to occupation of deceased
10. UNDERTAKER THE STATE OF THE	It sof specify. In hermone of M. D.
26. PILKD 19 Tamber 1974 / Gran Reddynt.	(Signed) 418V- Leggen 10
	Vil of America tronge

### HEALTH DEPARTMENT-CITY OF BALTIMORE 3901

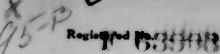
CERTIFIC	ATE OF DEATH 5 9
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. 5131 Benton He	ights Avenum (If death occurred in a hospital or institution, give its NAME instead
Length of residence in city or town where death occurred yra	moada. How long in U. S. If of foreign birth? yrs. moa. da.
	f U. S. Veteran apecify WAR
(a) Residence: No. 5131 Benton Height (Usual place of abode)	S Ave, St., Ward. (if non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowe male white provided with the war.	21. DATE OF DEATH (month, day, year) Dec14-1939  22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, wildowed, or divorced  MUSBAND of (or) WIFE of Anna Proclameyer	I fast and h. Man alive on Let 17, 1939, Death in said
6. DATE OF BIRTH (month, day, year June-17-1875	to have occurred on the date stated above, at 11.30. A.M.
7. AGE Years Months Days If LESS that 64Yrs. 5Mo. 27Days or	in infortance were an ionowa;
kind of work done, as spinner. Retired sawyer, bookkeeper, etc.  9. Industry or business in which Shiping Clerk work was done, as slik mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Balto. Md. (State or country)	Was an operation performed? Date of
E Richard Brockmeyer	For what disease or injury?
14. BIRTHPLACE (city or town) Germany .  (State or country)	Name of operation
15. MAIDEN NAME Amelia Rauh  16. BIRTHPLACE (city or town). Germany (State or country)	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?
	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public
17. INFORMANT Mrs. Annia Brockmeyer (Address) 5131 Benton Heights Ave	place
16. BURIAL, CREMATION, OR REMOVAL HOLY Redeemer PlaceHoly Redeemer Comp. Cem. 19	
19. UNDERTAKER Jenny Hoeck & Sons Juse  (Address) 1301 E. Eager St.  20. FRPD. Registrat	24. Was disease or injury in any way related to occupation of deceased?
1939	

### CERTIFICATE CORRECTED 139-60

CERTIFICATE OF DEATH

Registered No. 3902

	2. USUAL RESIDENCE OF DECEASED:
. PLACE OF DEATH:	
USA II. FANTEN CONTE	(a) State MM (b) County
as to be a consistent	(c) City or town (If outside city or town limits, write RURAL and give town)
c) Hospital or institution:	2 0114 B- x Bl
	on Suren No. 920 H. Part. Ph.
d) Length of stay in hospital or inst. (yrs., mos., or days)	If foreign born, how long in U. S. A.? years
e) Length of stay in Baltimore (yrs., mos., or days)	1-11-1
(a) FULL NAME Arthur Edward	MEDICAL CERTIFICATION
3 (c) Social Security Account No. 2/6-01-6985	20. DATE OF DEATH 200. 14 19.39. at 10 M
1. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced Manual	21. I certify that death occurred on the date above stated; that lattended deceased from July 17 1939, to 50.14 1939
Marie Mit housened	and that I last saw him alive on Die 14 1939.
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death , Duration
1 101	Cascinmatria 2 mos
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day hr. min.	Due to Pormary Cancer of Destrele 10 mms
9. Birthplace (Town, county, and state)	Due 10. Fall a injury While at work 11 mos
10. Usual Occupation Allender	Other Conditions
11 Industry or husiness	PHYSICIAN
12. Name Arthur & Misbonsmar A	(Include pregnancy within 3 months of death)
F4 = F #85 271 A7	Major findings: Survey 12 Ray Configured Cause to while doubt should be
13. Birthplace	A
14. Maiden Name Vista State 100	Of autopey Tiens love tically.
15. Birthplace My Dous Me learning	(11 '- al a following:
14 a Internant	( ) A sident enicide or homicide & Caral
(b) Address 920 // Cariff apr	(b) Date of occurrence
17 (a Bunil (b) Date thereof Del 1. 1. 1. 2.3	(c) Where did injury occur? (City or town) (County) (State)
(Burisi, cremation, of removed	(d) Did injury occur about home, on farm, industrial place, in pub
c Cemetery or crematory	place? (Type) While at work? (
Location Philip Muris Sons	
18 (a) Funeral director	(e) Means of injury Slipfed 1 Thing of the Williams 23, Signature Michael A. Ahrams M. D.
(b) Address 2010	at a C by black Day signed 12-15.
NEG 1 6 1839 (Shamles & Grand Registrar	Address
U. Com Acary mention	House J. Walsho M. O.
VS 3	disposed man



	E CITY HEALTH DEPARTMENT A Rogio Prod Post States
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Bakimore City, Maryland (b) Street address JALINEY Reduced Alatek	(a) State Md (b) County Cause
(c) Hospital or institution:	NA 1 / )
Unicute Hoxital.	(c) City or town
(d) Length of stay in hospital or inst. (yrs., mos., or days)	d) Street No. (If rural give location)
(e) Length of stay in Baltimore (yra., moa., or days)	(e) If foreign born, how long in U. S. A.)
3 (a) FULL NAME EMEST d. Shrieldy	yan
3 (b) If veteran, name war 3 (c) Sociel Security	Account MEDICAL CERTIFICATION
No.	20. DATE OF DEATH & CC - 16 1949 at 8 4 M
4. Sex 5. Color or race 6 (a) Single, married, wid divorced.	dowed, or 21. I certify that death occurred on the date above stated; that lattend.
M. Jugarie	ed deceased from 12/11 19 38, to 12/16 19 38.
6 (b) Name of husband or wife MA: MMAS, NAME 6 (c) If alive, give age	and that I last saw his paliye on 12/16 19 39.
7. Buth date of deceased (mo., day, yr.)	022 Immediate cause of death Jufmm Quy X Jufma - Duration
8. AGE: Years Months Days If less than one	8 13 White Culon accorded 2
66 1 21 11.	min. Due to Numertinuis intereducts
9. Birthplace Maruland.	Cardis- Meina delas
(Tywn county, and state)	Due to
10. Usual Occupation FUMLS WILL STORY OF THE STORY OF BUSINESS	Nu althorate and
M. 11 11	Other Cogditions Mila Cumles - 125 ?
12. Name IVA . BACOLLY Aligh	(Include pregnancy within 8 months of death)
13. Birthplace Manufand.	Major findings:  Of operations  Underline the
14. Maiden Name U MWH HAd	death should be
15. Birthplace Maying	Of autopey Pulmmary embolis- thenty.
6 (a) Informant Hoppital Record	22. If death was due to external causes, fill in the following:
(b) Address	(a) Accident, suicide, or homicide
7 (a) Surva (b) Date thereof (2) (8)	(b) Date of occurrence (c) Where did injury occur?
(c) Cemetery of crematory Reve Plone	(City or town) (County) (State)
Lecation My any my	(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
8 (a) Funeral director CM. Waltz	(Specify type of place)
(b) Address Win field	mod (6) Means of injury
9 (a) DEC 16 19 18 Thinthey ton Hilliamia	Address University Hospitabate signed 12 116
V8 7	

## CERTIFICATE OF DEATH 92 - 0 Register 183904

A MENAL PERIDENCE OF DECEASED:	
(n. 1 Ball)	
(a) State	
(a) Circar town Baltimarre	Later town
	V CT
A C. J No CO	e 4
R If rural give location)	
(e) If foreign born, how long in U. S. A.?	years
0	
C CENTIFICATION	D
MEDICAL CERTIFICATION	10 40 3
20. DATE OF DEATH 2 - 17 - 1937. at.	/ Town
21. I certify that death occurred on the date above stated; the	/- 10 J 9
ed deceased from 10 - 19 J, to 14	9
	Duration
Immediate cause of death	
m.t. I Gazulliaina	7
4/ furai small frances	
Due to ( )	
Due to	
Orl Conditions 4	
(P) Leasty	PHYSICIAN
	Underline th
Mis lot lindings.	ause to which
	heath should be charged statis
Of autopay no autopay	tically.
22 If death was due to external causes, fill in the follo	wing:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
(e) Where did injury occur?	(State)
Did injury occur about home, on farm, industrial pl	ace, in publ
While at Work	
(Specify type of piace)	
(e) Means of injury + Maloury	
23. Signature	M. 9.
Address Torondens My Date signe	ed 10/15
	(c) City or town Baltimore (If outside the result instite, write RURAL and (If outside the result instite, write RURAL and (If rural give location)  (e) If foreign born, how long in U. S. A.?  MEDICAL CERTIFICATION  20. DATE OF DEATH

### F 63905

## CERTIFICATE OF DEATH 108

Registered	Nes
	63905
10.0	1717071703

(c) Street address 2706 Grindon Avenue  (a) State Md. (b) County  (c) City or town Baltimore  (d) Length of stay in hospital or inst. (yra., inos., or days)  (d) Length of stay in hospital or inst. (yra., inos., or days)  (e) City or town Baltimore  (if outside city or town limits, write RURAL, and give limits	1. PLACE OF DEATH: (a) Baltimore City, Maryland	TO DEATH 100 Registred 63905
(c) Hospital or institution:  (d) Length of stay in hispital or inst. (yrs., mos., or days)  (d) Length of stay in hispital or inst. (yrs., mos., or days)  (e) Length of stay in hispital or inst. (yrs., mos., or days)  (e) Length of stay in hispital or inst. (yrs., mos., or days)  (f) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Baltimore (trouble sty or town Baltimore (yrs., mos., or days)  (g) Baltimore (trouble sty or town Baltimore (yrs., mos., or days)  (g) Baltimore (trouble sty or town Baltimore (yrs., mos., or days)  (g) Date of DEATH December 16, 19 39, ar7 150A Maltin latend december 15, ar7 150A Maltin latend december 15		2. USUAL RESIDENCE OF DECEASED:
(if Length of stay in hospital or inst. (yrs., mos., or days)  (ie) Length of stay in Baltimore (yrs., mos., or days)  (ie) Length of stay in Baltimore (yrs., mos., or days)  (iii) Length of stay in Baltimore (yrs., mos., or days)  (iii) Hospital (yrs., yrs.,	6 Hospital or institution:	- "County
Length of stay in Baltimore (yrs, mos, or days)  3 (a) FULL NAME  Margaret Joeckel  3 (b) If vesteran, name war  No.  4. Sex  Pemale  White  Color or race  6 (c) If alive, give age  years  1 AGE: Years Months Days If less than one day  1 Town, county, and state)  1 Industry or business  1 None  Cert Joeckel  1 Birthplace Germany  1 Maile Name  Cert Joeckel  1 Maile Name  Cert Joeckel  1 Maile Name  Cert Joeckel  2 Maile Name  Cert Joeckel  3 Maile Name  Cert Joeckel  4 Maiden Name  Collapse Germany  Comparison	d Length of the	(If outside city or town limits, write RURAL
Margaret Joekel    Margaret Joekel   Social Security Account No.	/ month of a state	The drindon Avenue
3 (b) If veteran, name was  3 (color of race   S. Color of race   S. C	3 (a) FULL NAME	• To If foreign born, how long in U. S. A.)
MEDICAL CERTIFICATION  A. Sex Pemele White  Single  Gold Single, married, widowed, or Single  Gold Malive, give age years  Gold Halive, give age years  Gold Careas of feath December on Careas  Gold Careas of feath Alive	Bargaret Joeckel	
Pemale White White Single  Age of the substand or wrife  6 (a) Single married, widowed, or Single  6 (b) Name of husband or wrife  6 (c) If alive, give age years  6 (d) If alive, give age years  6 (e) If alive, give age years  7 Birth date of deceased (mo., day, yr.) August 7, 1867  8 AGE: Years Months Days If less than one day lir. min.  Burthplace Germany  0 Usual Occupation None  12 Name Carl Joeckel 13 Birthplace Germany  14 Maiden Name 15 Birthplace Germany  16 Informant Mr. Wm. C. Meyer  17 Address 2706 Grindon Avenue  18 Burthplace Germany  19 Date thereof 12/18/39 (month) (day) (year)  19 Date thereof 12/18/39 (month) (day) (year)  10 Date of occurrence.  11 Date thereof 12/18/39 (month) (day) (year)  12 Cemetery or crematory. Parkwood  13 Location Baltimore County  14 Maiden Name  15 Birthplace Germany  16 Informant Mr. Wm. C. Meyer  17 Address North & Penna. Avenues  18 Functal director Wm. J. Tickner & Sons.  18 Address North & Penna. Avenues  19 Joeck of late of death occurred on the date above stated, that latend and that lines	No.	MEDICAL CERTIFICATION
de deceased from Section 1939  Birth date of deceased mo. day, yr. August 7, 1867  Birth date of deceased mo. day, yr. August 7, 1867  Birth date of deceased mo. day, yr. August 7, 1867  Birth date of deceased mo. day, yr. August 7, 1867  Birthplace Germany  Usual Occupation None  12. Name Cerl Joeckel  13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Informant Mr. Wm. C. Meyer  16. Address 2706 Grindon Avenue  17. Date thereof 12/18/39  (18. Date of occurrence of death of the cause for which that should be that should b	Single, married, widawed o	20. DATE OF DEATH December 16 10 30 7 500
AGE: Years Months Days If less than one day The	Single	21. I certify that death occurred on the date above stated short
Birth date of deceased (mo., day, ye) August 7, 1867  AGE: Years Months Days If less than one day bir. min.  Birthplace Germany  Usual Occupation None  Industry or business  12. Name Cerl Joeckel  13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Informant Mr. Wm. C. Meyer  16. Address 2706 Grindon Avenue  (a) Purial  (b) Date thereof 12/18/39 (month) (day) (year)  (c) Cemetery or crematory Parkwood  Location Baltimore County  (b) Address North & Penna. Avenues,  (c) Means of injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  23. Signature  (e) Means of injury  23. Signature  Address Horth & Penna. Avenues,  (e) Means of injury  23. Signature  Address Horth & Address M. D.		and that I have and that I have less 1938 to Dec 161938
Due to  Due to  Due to  Due to  Other Conditions  Other Conditions  Due to  Other Conditions  Ot	Birth date of do years	
Birthplace Germany  Due to Due	AGE: Years Months Dave	The state of death annical
Birthplace Germany  12. Name Cerl Joeckel  13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Informant Mr. Wm. C. Meyer  16. Address 2706 Grindon Avenue  17. Date thereof 12/18/39  18. Date thereof 12/18/39  18. Date thereof 12/18/39  19. Cemetery or crematory Parkwood  19. Location Baltimore County  19. Date thereof 2. Sons,  19. Address North & Penna. Avenues,  19. Means of injury  20. Means of injury  21. Means of injury  22. If death was due to external causes, fill in the followings  22. If death was due to external causes, fill in the followings  23. Signature  24. Means of injury occur?  25. Signature  26. Means of injury  27. Signature  28. Signature  29. Means of injury  29. Signature  20. Means of injury  20. Means of injury  21. Signature  22. Means of injury  23. Signature  24. Means of injury  25. Signature  26. Means of injury  27. Signature  28. Means of injury  28. Signature  29. Means of injury  29. Means of injury  20. Signature  20. Means of injury  20. Signature  20. Means of injury  21. Signature  22. Means of injury  23. Signature  24. Means of injury  25. Signature  26. Means of injury  26. Means of injury  27. Signature	72 4 9 hr	type myrind to sent and
Industry or business  12. Name Carl Joeckel  13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Informant Mr. Wm. C. Meyer  17. May address 2706 Grindon Avenue  18. Burial  19. Bur		True to Secure
Industry or business  12. Name Carl Joeckel  13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Address 2706 Grindon Avenue  17. Purial  18. Burial  19. Date thereof 12/18/39  19. Cemetery or crematory Parkwood  19. Location Baltimore County  19. Funeral director Wm. J. Tickner & Sons.  19. Address Rorth & Penna. Avenues,  19. Registrar  10. Address H. A	O. Usual Occupation None None	Due to
12. Name Carl Joeckel  13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Major findings:  Of operations  Of operations  Of autopsy  22. If death was due to external causes, fill in the followings  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Cemetery or crematory Parkwood  Location Baltimore County  (b) Funeral director Wm. J. Tickner & Sons,  (c) Address North & Penna. Avenues,  (d) Means of injury occur?  (e) Means of injury  (f) Means of injury  (g) Means of injury  (	Industry or business	
13. Birthplace Germany  14. Maiden Name  15. Birthplace Germany  16. Informant Mr. Wm. C. Meyer  16. Address 2706 Grindon Avenue  17. Burial Parkwood  18. Birthplace Germany  18. Birthplace Germany  19. Informant Mr. Wm. C. Meyer  19. Address 2706 Grindon Avenue  19. Burial Parkwood  19. Date thereof 12/18/39  19. Cemetery of crematory Parkwood  19. Location Baltimore County  19. Funeral director Wm. J. Tickner & Sons  19. Address North & Penna. Avenues  19. Means of injury  20. If death was due to external causes, fill in the following:  21. If death was due to external causes, fill in the following:  22. If death was due to external causes, fill in the following:  23. If death was due to external causes, fill in the following:  24. Date of occurrence.  25. Where did injury occur?  26. Where did injury occur?  27. Signature  28. While at work?  28. Signature  29. While at work?  29. Means of injury  20. Signature  20. Means of injury  21. Signature  22. If death was due to external causes, fill in the following:  22. If death was due to external causes, fill in the following:  28. Major findings:  29. Of autopsy  29. If death was due to external causes, fill in the following:  29. Means of injury occur?  20. Means of injury  21. Signature  22. If death was due to external causes, fill in the following:  29. Means of injury occur?  20. Means of injury  21. Signature  22. If death was due to external causes, fill in the following:  20. Means of injury  21. Signature  22. If death was due to external causes, fill in the following:  22. If death was due to external causes, fill in the following:  22. If death was due to external causes, fill in the following:  23. Signature  24. Address (4. Addre	I V	Other Conditions For Parameter
14. Maiden Name  15. Birthplace Germany  (a) Informant Mr. Wm. C. Meyer  (b) Address 2706 Grindon Avenue  (c) Rurial  (d) Date thereof 12/18/39  (e) Cemetery or crematory  (e) Cemetery or crematory  (f) Funeral director  (g) Address  (g) Means of injury occur?  (g) Means of injury  (h) Date thereof place  (g) Means of injury  (h) Means of	13. Birthplace Germany	thelude prepares with the
Of autopsy  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date thereof 12/18/39  (c) Cemetery or crematory Parkwood  Location Baltimore County  (c) Funeral director Wm. J. Tickner & Sons,  (d) Did injury occur about home, on farm, industrial place, in public place)  (e) Means of injury  (f) Means of injury  (g) Means of injury		04
Of autopey  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date thereof 12/18/39  (c) Cemetery or crematory Parkwood  Location Baltimore County  Funeral director Wm. J. Tickner & Sons,  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) Means of injury  (g) Means of injur		cause to which
22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of injury  (f) 16 1939  (f) Tickner & Sons,  (e) Means of injury  (f) Means of injury  (f) Means of injury  (g) Means of inj	Tellot We We C	Of any
Hurial remation of rematal Date thereof 12/18/39  (Control of Country)  Control of Country  Location Baltimore County  Funeral director Wm. J. Tickner & Sons,  Address North & Penna. Avenues,  (Address North & Penna. Avenues,  Registrar  Address Hard Hard M. D.  Registrar  Address Hard Hard M. D.  Registrar  Address Hard M. D.  Address Hard M. D.  Address Hard M. D.  Address Hard M. D.  Registrar  Address Hard M. D.	Address 2706 Grand	
Cemetery or crematory Parkwood  Location Baltimore County  Funeral director Wm. J. Tickner & Sons,  Address North & Penna. Avenues,  (a) Means of injury  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (Means of injury  (Specify type of place)  (Means of injury  (Signature)  (Means of injury  (Means	Daniel 1	wicide, or homicide
Cemetery or crematory Parkwood  Location Baltimore County  Funeral director Wm. J. Tickner & Sons,  Address North & Penna. Avenues,  (A) Means of injury occur about home, on farm, industrial place, in public work?  (B) Means of injury  (C) Where did injury occur?  (C) ty of town) (C) onty) (Sinter)  (Specify type of place)  (A) Means of injury  (B) Means of injury  (C) Where did injury occur?  (C) Means of injury occur?  (B) Means of injury  (C)	Date thereof 12/18/39	Date of occurrence
Funeral director Wm. J. Tickner & Sons.  Address North & Penna. Avenues.  (Specify type of place)  (Means of injury  23. Signature  Address 44 and the M. D.  M. D.  Address 44 and the M. D.	Cemetery of crematory Parkwood (ear)	- Control of the Cont
Address North & Penna. Avenues,  (Specify type of place)  (Means of injury  23. Signature  Address 44 and 4500 M. D.  (Appendix type of place)  (Box of place)  (Compared to the first of the place of t	Location Baltimore County	Did injury occur about home, on farm, industrial place in the
Address North & Penna. Avenues,  (e) Means of injury  23. Signature  Conf. June  Address 44 and House  M. D.  M. D.	Tickner & Sons	William
16 1539 b thuting to Milians M. D. 23. Signature Con June M. D.	Address North & Penna. Avenues.	The state of the s
A Registrar Address 44 and 400 M.D.	4. ( ' T ( ' T R')))	
	A Registrar	Address 4 702 Horpers Rood. M.D.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

08 Registered No. F 63906

63905	CERTIFICATE	J	
		2. USUAL RESIDENCE OF DECEASED:	-17
PLACE OF DEATH:		(a) State Ind. (b) County Betts	
Baltimore City, Maryland	1	(c) City or toon Balts outside city or town limits, write RURAL a	
Baltimore City, Maryland  Street address Jayetta	· v & alhan	(a) City or to an Dalla Bulkal	and give town)
Street address.		(c) City of coutside city or town limits, while	D-
Hospital or institution:	Home	3 - 25/1 Aldress	
7	en late	(a) Street No.	
	et (vrs. mos., or days)	(d) Street No. 5/3 And (If rural give legation)	years /
Length of stay in hospital or in	st. (yrs., mos., or days) / da.	(e) If foreign born, how long in U. S. A.?	-
Length of stay in Baltimore (y	mos., or days)		/
(a) FULL NAME	y Harrion	MEDICAL CERTIFICATION	
a) Polic Manie	1 1 C ACCOUNT	MEDICAL CERTIFICATION 10 39	11/359M
(b) If veteran, name war	No. wtersel	20. DATE OF DEATH 12-15 1939	de that lattend-
	No. widowed, or	20. DATE OF DEATH 12.  21. I certify that death occurred on the date above states	15 10 37
Sex   5. Color or race	(a) Single, married, widowed, or	21. I certify that death occurred on the date above states ed deceased from 11-14 1931, to 11:	
Sex 3. Color of face	divorced. m.	ed deceased from 12.15 19	37.
11 0	ma. B.	and that I last saw h was alive on 12-15 19	Duration
6 (b) Name of husband or wife	When are years	I-mediate cause of death	
b (b) Name of Indian	6 (e) If alive, give age years	3 ailure	
11000	W W 1 1 1860		
7. Birth date of deceased mo., d 8. AGE: Years   Months D	ay, yr. Jau 17, 1860  ays of lifes than one day	Due to Later Pressmann.	
A ALLEY	ays min	Our to Later Palet Il. Durant	
		Contrios elevolate	
9. Birthplace Calvert	Co ma.	Due to	
9. Birthplace	Town county, and state)		
1 1		Other Conditions Quricular	11-1
10. Usual Occupation	18) olive Deug	Other Conditions 3 Ibrillation	PHYSICIAN
	apres of indial	(Include pregnancy within 3 months of death)	
a Beren	Tim Benjamin	Major findings:	Underline the
12. Name !	7 0 .	Of operations	death should be
		Of operations	charged statis-
at.	nelia loarriso	<b>1</b>	tically.
13. Birthplace  14. Maiden Name Cor	2	Of autopey	following:
8 15 Birthplace	M. D. / Sarrison S. Sharpe St.	Of autopsy  22. If death was due to external causes, fill in the	
1410 1	y D / sarries	(a) Accident, suicide, or homicide	
16 (a) Informant	i change et.	(b) Date of occurrence	
(h) Address 5/3 1	9. saw 9	(b) Date of occurrence	ounty) (State)
Busiaa	(b) Date thereof All (day) (ye	(City or town)	
17 (a) (Burial, cremation, or remo	(month) Cess	(c) Where did injury occur about home, on farm, industr	La piece,
			vork?
(c) Cemetery or cremators	e Comd.	place? (Specify type of place)	
Location Park	1 1 buch	L NAVO	Q Ù
	my file	(e) Means of injury	u p.
18 (a) Funeral director	1 dl Da wes	23. Signature	71275
(b) Address MAC	W. J. F. Billiams	Markelin on 1701, Date	signed
050401836	Registra	Address	
19 6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 de la companya del companya de la companya del companya de la co		

BALTIMORE CITY HEA CERTIFICATE	OF DEATH
	2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County  (c) City or town Marie (If outside city or town limits, write RURAL and give town)
Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No (If rural give location)  (e) If foreign born, how long in U. S. A.) years
(a) FULL NAME & Cola White  (b) If veteran, name war  No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. /6 19 39, at 4 AM
Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Surgle  6 (b) Name of husband or wife  6 (c) If alive, give age years	21. I certify that death occurred on the date above stated; that lattended deceased from Dec. 13 1939, to Dec. 16 1939, and that I last saw h/Th alive on Dec. 15 1939.  Immediate cases of death of opening the Department of December 1 day
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  hr. min.  9. Birthplace Marion (Turen, county, and start)  10. Usual Occupation (Y Star Shucker for the start)	Due to Fre lies timites of Solydration I were  Due to Stricture operation & rogliegue I was  Other Conditions Syphiles
11. Industry or business  12. Name 13. Birthplace  14. Maiden Name	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy Muclime of Capacita Control of States of Capacita Control
15. Birthplace  16 (a) Informant Lides M White  (b) Address Marien (b) Date thereof Day 19-19-19-19-19-19-19-19-19-19-19-19-19-1	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide.  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in published at work?
Location (Description) Marian Marian Location (Description) 18 (a) Funeral director (Description)	place? (Specify type of place)  (e) Means of injury R. Cunningham  M. D.
Address 1939 Makes to Millione 19	Address University 10 9. Date signed 12-16.

VS 3

#### F 63908

## CERTIFICATE OF DEATH

2	R	639	108
1	Refiste	red No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	1
D. L. C. M. LJ.	(a) State 104 (b) County plante	lan
(b) Street address 4/0 W. Marshie M.	1 1/4 //	
C Hospital or institution:	(c) ty or town / LW YNK (If outside city or wn limits, write RURA	L and give town)
Juneau . There	d Street No. 10 00 33 nd 14 (If rural give location)	
d Length of stay in hospital or inst. (yrs., mos., or days)	H. Call	
(e) Length of stay in Baltimore (yrs., mos., or days) / day	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME	hepedi	
3 h li veteran name wat 3 (c) Social Security Account	THE PROPERTY OF THE PROPERTY O	1/200
3 b) It yeteran, name war No. None	20. DATE OF DEATH See ender 2 1935	, at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or		
In W divorced In mind	above held an Helling thereon and from	m the evidence
	(Automy or Ingviry)	
6 1 Name of husband or wife Bahyah masan	(Verolina of this and	deceased came
<u> </u>	to death on the day stated above.	
7. Birth date of deceased mo day, yr 1897  6 ACE. Years Months Days If less than one day	Immediate cause of death	Duration
11-1/2	German rumsian	
4V43 hr min		
9 Birthplace Palestine (Town, wants, and state)	Due to	-
0 0		
10. Veual Occupation La Coman	Due to	
	01 0 11	
# 12 Name chehade Hussun	Other Conditions	PHYSICIA N
2 13. Birthplace Calestine.	(Include pregnancy within 3 months of death)	PHYSICIAN
# 14 Maiden Name Unferrown	Major findings:	Underline the
5 15. Birthplace	Of operations	death should be
	Of autopay	charged statis
16 (a) Inform no alimed Comarle	22. If death was due to external causes, fill in the	
Address 10 W 33 at My Colon	(a) Accident, suicide, or homicide Acc	
17 Dural Date thereof 12 16/29	(b) Date of occurrence	
months (month) (uny) (year		102
(emetery or crematory Moreland Mim. Cene	(City or town) (Co	unty) (State) il place, in publi
Location Parkerood are Tarkywood	While at wo	
18 (a) Funeral director & Q. Trance + Son	(Specify type of place)	
(b) Address / 216, & charles sta	(e) Means of injury	M.E
made a server tweetie for Miliagra, M.X.	23. Signature Medical Francis	
19(0) 1 7 18 4 (b) Registrar	Date signed 4/2/27	

HEALTH DEPARTMENT	CITY OF BALTIMORE 63909
	E OF DEATH /43-
1. PLACE OF DEATH  CITY OF BALTIMORE: (No. 410 W. 7 ranklin	Registered No
Length of residence in city or town where death occurred yrs.  2. FULL NAME Landone C. Mull	/ A / specify was
(a) Residence: No. Jos Angeles, Cal	St., Ward. (If non-resident give city or town and State)  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. Color or Race or Divorced (write the word)  male White married.	21. DATE OF DEATH (month, day, year)  1 HEREBY CERTIFY, That I attended deceased from 19 3 4 to 16 19 3 9
5a. If married, widowed, or divorced BISBAND of (or) WIPE of Crusly	I last saw h alive on
6. DATE OF BIRTH (month, day, (year) July 9, 72  7. AGE Years Months Days I day,hrs.	The principal cause of death and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as spinner.	Ohr. Myradit
9. Industry or business in which work was done, as silk mill.  10. It is deceased last worked at this occupation (month and year)	Other contributory canses of importance: Deletah 2 day
12. BIRTHPLACE (city or town). Cyclaud (State or country)	Was an operation performed?  Date of  For what disease or injury?
14. BIRTHPLACE (city or town) U.S. Q.	Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol-
15. MAIDEN NAME Unknown	Nhere did injury occur? (Specify city or town, county, and State)
15. INFORMANT Mark Tarcher	Specify whether injury occurred in industry, in home, or in public
15. INFORMANT PROMISE ON E. G. Cal  18. BI RIAL, CREMATION, OR REMOVAL  12.1146	Manner of Injury
Place Jan Francisco al 12-118/610	Nature of injury  24. Was disease or injury in any way related to occupation of decrased
19. UNDERTAKER 3. 1. I raute 4 con 1. Address 1 2/6 S. Charles	(Signed) Harry gluraman 11. 1
20. IILED	er. (Address)

Contract to the Contract of th			
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	2 1.01	(a) State MAD at Country	
(b) Street address 1005 &	Moument it	(a) State De County	-
(c) Hospital or institution:		(c) City or town Dalts. Use.	
		(If outside city or to slimits, write RURA)	and give to h)
		1 1 ster No. 1005 & Moure	ent
(d) Length of etay in hospital or	inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in Baltimore	ver mas or days Tike	(e) If foreign born, how long in U. S. A.?	. years
	yis. mos., or days). 72 T	The foreign down, now long in or on a	-
3 (a) Fortaliani	Mutchell		X
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	
	No.	20. DATE OF DEATH Wee . 15 1939	15:30f
4. Sex 5. Color or race	6 (a) Single married, widowed, or	21. I certify that death occurred on the date above state	
Mule Col.	divorced // ARNIO 1	ed deceased from 13-7 139, to 12-	
	Blanche Witchell		
6 th Name of husband or wife	6 c If alive, give age 44 years		
		Impediate course of deathy	Dyragion
7. Birth date of deceased mo., o		De concress. Landing	0
Control of the contro	lays / If less than one day	C	-
approx 67 0	hr. min.	Due to Type The The Type The Type Type Type Type Type Type Type Typ	
6. Birthplace 0	alto click.		
1	Lord acceptant	Due to	
10. Usual Occupation Lla-	The meterial.	4. 0	
II. Industry or business		Other Conditions	
E 12. Name	hulchell	(Include programes within 3 months of death)	PHYSICIAN
13 Birthplace	. ot . 7. 1.	Major findings:	Underline the
- 13 birthplace	acco acqu	Of operations	cause to which
14. Maiden Name	ula Blake		death should be
15. Birthplace	Tuel.	Of autopey	charged statis- tically.
150	Le Thitelolle	22. If death was due to external causes, fill in the fol	lowing:
16 (a) Informant of aut	27	(a) Accident, suicide, or homicide.	
(b) Appleas 1005	Mounty	(b) Date of occurrence	
17 (a) Durial	(b) Date thereof 12/18/39	(c) Where did injury occur?	
illurial, cremation, or remova	lut. Calvard	(City or town) (Coun	
(c) Cemetery or crematory	w. Cawary	(d) Did injury occur about home, on farm, industrial	place, in public
Location D	107	place? While at worl	
18 (a) Funeral director	uh house	0/16)1	
(b) Address 804 Tu.	Carriele St.	(e) Means of injury	-
ALC TO THE OWNER OF THE OWNER OWNER OF THE OWNER OW	74	23. Signature	M. Dy
(Date rec'd by registrar)	A 4 1/11 Revigirar	Address 1321-4. Ceulls Date sign	ned /2/16
	24 20 PM - 175 11 PM		

CERTIFICATE	V. J.	
	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH:	(b) County	
a) Baltimore City, Maryland ashland are.	a) State	
b) Street address /072 WWW.	(c) City or town (If outside city or town limits, write KUI	(AL and give town)
c Hospital or institution:	(If outside city or town inner	
	Ny Street No. 16 42 Robling 1	0)
d Length of stay in hospital or inst. (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years.
(e) Length of stay in Baltimore (yrs., moa., or days).		
3 (a) FULLMANE of was S. Susurden.	MEDICAL CERTIFICATION	
3 (c) Social Security Account No. 218-10-5659	- DATE OF DEATH Creenfer 14 19.	34. a5: 20 RM
4. Sex   5. Color of race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above	tated; that lattend.
Time Col. markey	ed deceased nominated 13	1939.
the of husband or wife hellie Mary years		Duration
O (c) It alive, give	Immediate cause of death	14.
7. Birth date of deceased mo, day, yr. Hearth 4, 188	(HALMIA)	
	(activity)	
8. AGE: Yes Months Days	Due to	
20 the otimes like.	Linde	
9. Birthplace Town, county, and state)	Due to	
Laborer A	is t. I Smallieum at	1190
10. Usual Occupation W. P. A.	Other Conditions Market	4 m PHYSICIAN
11. Industry or busings W. F. Jusevden	(Include pregnancy within 3 months of death)	
12. Name Same	Major finding	tinderlin the
2 13. Birthpface	Of operations	death should be
10.00		harged state-
14. Maiden Name	Of autopsy	tically.
15. Birthplace	22. If death was due to external causes, fill in	the following:
16 (a) Informatiflie luge surve.	(a) Accident, suicide, or homicide	
1642 ushlauh are;	(b) Date of occurrence.	>v 6 * 0 0 0 0 0 0 0
Burial (b) Date thereof 12/17/3	1 1.1 in item occur?	County) (State)
17 (a) [Durial, cremation, or removal] (month) (del ) (yet	(City or term)	
4 OVATOR	(d) Did injury occur about home, on hum, indu	work?
(c) Cemetery or crematory	place? (Specify type of place)	
Location Plant young	-	
18 (a) Funeral director 1 4 . TUAL Pino A XI	(e) Means of injury Raugh	Jamy 1
(b) Address 80 4 W. Cattle	23. Signature	la signed 12/18
17 1030 Haute ton Minerally	Address by 24 & Monthson D	ale signed / p
Date rec'd by roghterar)		

VS 8

CERTIFICATE OF DEATH 92 Registered No.

CENTROL CENTROL		
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State Md (b) County (1)	leo.
(c) Hospital or institution: JOHAS ROPKIES HOSPITAL	(c) Sity or town Balting Brook (If outside city or town limits, write RURAL. Street No Jurnace Branch Brook	and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME GOLDIE WILLIAMS		
3 (b) If veteran, name war    3 (c) Social Security Account   No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec 15 1939.	miday of
4. Sex 5. Color or race 6 (a) Single, married, Gidowed, or divorced		1; that lattend-
7. Birth date of deceased mo, day, you blufer 24 1905		2 Ms.
8. AGE: Years   Months   Days   If less than one day   35   2   2   hr. min.	Due to mitral stenosis.	?
9. Birthplace Flerwaule Braulk Und- 10. Usual Occupation Of House	Due to Rheumatie Heart Dusiase Other Conditions	?
12. Name Reverdy Welliams  12. Name Reverdy Welliams  13. Birthplace Cepar Hill Tud.  14. Maiden Name Mary  15. Birthplace Fluidale Tud.	Major findings: Of operations Of autopsy	PHYSICIAN Underline the cause to which death should be charged statistically.
15. Birthplace  16 (a) Informant Acution Delease  (b) Address usual Brassell 74  17 (a) Durial b) Date thereof 12 19 34  (Burial, cremation, or removal)  (c) Cemetery or crematory Lut. Calculus  Location.  18 (a) Funeral director  (b) Address 804-W.  19 (b) Address	22. If death was due to external causes, fill in the following of the control of	ty) (State) place, in public

#### F 63913

# CERTIFICATE OF DEATH 126 Registered No.

A SALAN AS ARA-TI	2. USUAL RESIDENCE OF DECEASED:
1. PLACE OF DEATH: (a) Baltimore City, Maryland	70 /
	(a) State Miles (b) County
(c) bloopital or institution	(c) City or town Pallement
Tranklin Square Hospital	(If outside city or town limits, write RURAL and give town)
	Street No. 2401 Quille station
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(1) Fural Rive Journally
(c) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FUEL/NAME, N. Seleluter	X
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.214-03-2835	20. DATE OF DEATH /2-15 1939, at
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
m White divorced married	ed deceased from 12-6 19.39, to 12-15 19.39
6 (b) Name of husband or wife / Mary Dellules	and that I last saw h ugalive on 12 - 15 19 39.
6 (c) If alive, give age years	Immediate cause of death Decesaling & Durgties
7. Birth date of deceased mo., day, yr. 1-1892	peculonilities - post- laperun 4 days
8. AGE: Years Months Days If fees than one day hr. min.	Due to
13111- INVA	
9. Birthplace Town, county, and states	Due to
10. Usual Occupation Shell Mulab North	7
11. Industry or business	Other Conditions Aurura Gran Wo.
12 Name Ofenoy Schluter	(include pregnancy within 8 months of death)
2 13. Birthplace Deofream	Major findings: Che & hale eys tilib Underline the cause to which
a at No lin	death should be
14. Maiden Name Julia Siguinario	Of autopey charged statis-
15. Birthplace Demany	22. If death was due to external causes, fill in the following:
16 (a) Informant Mary Calluter	(a) Accident, suicide, or homicide
(b) Address 5401 Duranine fuld	(b) Date of occurrence
17 (a) Duran (b) Date thereoft.	(c) Where did injury occur?
(Burial, cremation, or removal) (month) (des) (year)	(City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory	W/hile at work)
Location furgion and	(Specify type of place)
18 (a) Funeral director	(e) Means of Thirty
(b) Address 200 / Wirding	23. Signature. M. D.
14 6 Date rec'd by Frencherser 1 to the Kill almay the P.	Address tweeling it of the signed 12-15
VS 3	

#### F 63914

## CERTIFICATE OF DEATH



				1	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH	H:			- 1	(a) State Md. (b) County	
Baltimore City, Maryland  Street address 4940 Eastern Ave.		nol 14 mo 20				
Street address	4940 has	SELIL WAS	V		(c) City or town Baltimore (If outside city or town limits, write RURA	l, and give town)
Hospital or ins	nore City	Hospits	als			
Raitin	101 6 -101		3 dava		Street No. 746 N. PattersonPer	1C 201 CC
d) Length of stay	in hospital or	inst. (yrs., r	nos., or days)	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	years
Length of stay	in Baltimore	yrs, mos.,	or days) Life		If foreign born, how long in U. S. A.?	)
						X
(a) FULL NAME	Michael				MEDICAL CERTIFICATION	15
(b) If veteran, n	ame war	No.	Social Security A		00 DATE OF DEATH 12-16- 199	9. at 1 A. M
1. Sex 5.	Color or race		e, married, wido	wed, or	21. I certify that death occurred on the date above stated deceased from 12-13-1939, to	2-16-19 3
Male	white	divorced.	Single		and that I last saw h walive on 2 - 16 - 1	9 39.
Name of hu	shand or wife	_				Duration
Name of he		6 c If ali	ve, give age	years	Immediate cause of death	Yday.
7. Birth date of d	eceased mo.	day, yr Se	ept. 16, ?	1861	Cardina y acture	12/
8 AGE: Years		Days	if less than one	day		1 >
78 ?	3	0	hr.	min.	Due to Carterior che 14 M. Deisa.	
	14d .			7.	Due to	
9 Birthplace		(Town, ce in	ty, and tate)	01)		
10. Unual Occup		hcer	nloved now	· D	Other Conditions	
11. Industry or b	usiness 561	i- Unem	proyed not			PHYSICIAN
12. Name	Michael	Deichel	pore		(Include pregnancy within 3 months of death)  Major findings:	Underlinet
13. Birthplac	Nd.				Of operations	death should
	w14 -	mbeth ?				harged 'at
14 Maiden	Name MALA				Of autopay Notdone	tically.
15. Birthplac	e	•			22. If death was due to external causes, fill in the	following:
16 a Informat	nt Hecon	rds			(a) Accident, suicide, or homicide	
h Address		. City	Hospin	6 00	(h) Date of occurrence	
(34)	Mal	b Date t	Hosp Becl	9.34	(c) Where did injury occur?	ounty) (State
17 (a) Hurial, cr	emation, or femi	val)	(month) (	day) (year	(d) Did injury occur about home, on farm, industr	ial place, in pub
(c) Cemeter	ry or cremator	1300	Viace	2,	While at V	work?
Location	1701	auri	000	, 1	place? (Specify type of place)	
	LAM	2/18	I terr	+ Den	(e) Means of injury 244 2 - hely	
18 (a) Funeral	30.0	1 Du	uluch	y ave	23. Signature	м. р.
(b) Addres	18 0 0 0 1		1 /	1	An la cetaffor Date	signed /8-/6
19 (a) 24 4	NOG	)	die IA	leuisteur	Address	

### F 63915

# CERTIFICATE OF DEATH 53

F 63915

E Registered No.

	CERTIFICATION		
		2. USUAL RESIDENCE OF DECEASED:	
Baltimore City, Maryland		(a) State Lar, Land (b) County	
b Street address		(e) City or town Classification of the fit RAL (if entaide city or town limits, write fit RAL)	and give town)
w a Marine Hospitel, Balt	imore, Md.	programme to 2004 Exercise see leading	VAG.
d Length of stay in hospital or inst. (yrs., mo	days Are	(e) If foreign born, how long in U. S. A.?	yeal@
	cial Security Account	MEDICAL CERTIFICATION	
No.214	1-16-6147	20. DATE OF DEATH 1.00 . 15 , 1939 21. I certify that death occurred on the date above state	d that lattend-
4. Sex 5. Color or race 6 (a) Single, divorced	married, widowed, or in le	ed deceased from	10,
6 b Name of husband or wife			Duration
O C II wire	, give age years	Immediate cause of death	
7. Birth date of deceased mo, day, yr Jun	ne 25, 1886	and the second s	-
8 AGE: Years Months Days If	less than one day		-
55 5 22	hr. min.	Due to	1
9. Birthplace (Town, county.	d and states	Other Conditions	
11. In Justry or business			PHYSICIAN
12 Name Book to b. Bookill,		(Include pregnancy within 8 months of death)	tul rine the
12 Name		Major findings: Of operations	came to which
13 Birthplace		Of operations	harged 'al a
14. Maiden Name Cathorine St	ione.	Of autopsy Stand at 22000	lically.
15. Birthplace	107, 800	land over the land of the land	following:
16 (a Informant	Larina Los, well	(a) Accident, suicide, or homicide	
United me 4 161		(b) Date of occurrence	
Date the	ereof Dec 18-19	Where did injury occur?	ounty) (State)
() (1 (1 mountion or removal)	(month) (d=)	a farm industri	al place, in publi
Cemetery or crematory / Pew N	rational fem	White at w	ork?
The state of the s	e mos	place?	
Location Durante		(e) Means of injury	n.
18 a Funeral director	17. are	(e) Means of injury.  23. Signature T. M. 11. an clurs	M. D.
b) Address ( ) O W. Nos		Address Le La larino housi Deje	aigned 12-16-
MEG 1 ( 1300 0)	1- MIL BURRETHE	Address	
(Date rec'd by registrar)	the transfer of the	Baltimore, M.	

### F 63916

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

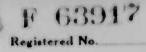


F 63916 Registered No.

	A MANUAL RESIDENCE OF DECEASED.
1 PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED
(a) Baltimore City, Maryland	(a) State Mary land (b) County
33 Rod Colvent.	(a) State
(b) Street address 3 3 4 Carles	(If outside city or town limits, write RURAL and give town
(e) Hospital or institution:	(If outside city or town limits, write RURAL and give town)
Union Nem. Hosp.	(d) Street No
	(1) Street (vo
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(A) If ferring been been long in [1 S.A.) years
Length of stay in Baltimore (yrs., mos., or days) 12 days.	(e) If foreign born, how long in U. S. A.7
The state of the s	cot me voit
3 10 FULL NAME MISS FANNIE G. ROSS	MEDICAL CERTIFICATION
3 (b) If veteran, name war 3 (c) Social Security Account	No. 14 29 8-1
No.	20. DATE OF DEATH De C. 16 .1939 . at 8-1 M
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
F. Wh divorced. Single	ed deceased from Dec 4 1939, to Dec. 16 1939.
8	and that I last saw h.Ct. alive on Dec. 16 19 39.
6 h Name of husband or wife hout.	and that less that Care hall En halus   Decation
6 (c) If alive, give age years	Immediate cause of death Cerebani Embolus Duration
7. Birth date of deceased (mo, day, yr.) Mar 23, 1866	
8. AGE: Years   Months   Days   If less than one day	
O. AGE.	Due to Post op. Pankysterectons
73 8 23 hr. min.	Due to Postop. Panlysterector.  Hypertension
9. Birthplace Ballimore, and	Due to
lown, county, and state)	Due to
10. Voual Occupation House Respect.	2/ de seu Pardre
11. Industry or business	Other Conditions Types to years Pard is See
12. Name Mr. Danid J. Ross (d)	Other Conditions 797 Re-Carle of CRUS PHYSICIAN (Include pregnancy within 8 months of death)
12. Name Mr. Dana	Major findings:
13. Birthplace mary land	Of operations Carcinoma who has counce to which
	Jeath should be
# 14. Maiden Name Julia Weaver.	charged statis-
14. Maiden Name Julia Weaver.  15. Birthplace maryland	Of autopity
16 a Informant Mr. George Motter	22. If death was due to external causes, fill in the following:
(b) Address manchester and	(a) Accident, suicide, or homicide
(b) Address (1) Q: 1/9×	(b) Date of occurrence
17 (a) Bureal (b) Date thereof Del. 9 193; (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(Burial, cremation, or research	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory manchester Cemeling	(d) Did injury occur about nome, on raini, industrial
Location manchester mile:	place? (Specify type of place)
1 2 1 2 4 601	
18 (a) Funeral director manue some	(e) Means of injury let ( Composed)
6) Address 1.600 W. World	23. Signature . M. D.
Lucia de	Mary Menora Hot Bate signed 16/3
Date ried by repriser auto good little cells intro	Il Address Course

## F 63917 LB 51010

# CERTIFICATE OF DEATH Registered No.



	2. USUAL RESIDENCE OF DECEASED:	
PLACE OF DEATH:		
Baltimore City, Maryland	(a) State Maryland (b) County	
b) Street address 4940 Eastern Avenue	Beltimore	
Hospital or institution:	(c) City or town.	Landgive town)
Beltimore City Pospitals 23 Min	a. 1325 W. Fayette St.	
d) Length of stay in hospital or inst. (yrs., mos., or days) 13	hrs.	
e Length of stay in Baltimore yrs, mos., or days 25 yrs	(e) If foreign born, how long in U. S. A.?	years
a FULL NAME Henry Booth		
1	ount MEDICAL CERTIFICATION	110
No. 14 47	20. DATE OF DEATH December 15 1939	
1. Sex 5. Color or race 6 a Single, married, widowed	ed, or 21. I certify that death occurred on the date above state	ed, that lattend.
Male White divorced Married	addecessed from the 14 19 39, to Alac	c 13 1939.
(b) Name of husband or wife Halcyom	and that I last saw have alive on Mcc. 15	934 .
6 c If alive, give age	years Immediate cause of death	Duration
24 30	A A A	6 days.
Diffit date of december 1		
AGE.	D	
64 0 21 hr	min. Due to	
9. Birthplace Tenn.	& Due to	-
(I wil, county, and tate)		-
	Other Conditions	
11. Industry or business Retired		PHYSICIAN
E 12. Name Devid Booth	(Include pregnancy within 3 menths of death)	
13 Birthplace Tenn.	Major findings:	I nd rin the
	Of operations	death should be
E 14 Maiden Name Margaret Lucy	Of nutopay cormany thermbers	targed sta-
15. Birthplace Tenn •	Of autopay County Townson	
Hecords	22. If death was due to external causes, fill in the f	. ono wing:
Deltimore City Hospital	18 (a) Accident, suicide, or homicide	
17 18	b Date of occurrence	
17 Bull of the parties of removaly (month) days)		unty) (State)
Man and Man	(d) Did injury occur about home, on farm, industria	al place, in public
Cemetery or crematory	while at wo	ork?
Location In the Court	(Specify type of place)	
18 (a) Funeral director	(e) Means of injury	
b) Address /2// vwct	23. Signature / Millaghels flis	M. D.
19 10 - 18111.	un hor Cith Horp. Dans	ingned 12-15-39
Jalyrock Gutrar Juntie gory (mually)	Address Fallo	
VS 3		

# CERTIFICATE OF DEATH | 6 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State and (b) County Poulle	wou
(b) Street address (c) Hospital or institution.	(c) City or town Postlemore	
maryland Several Hospital	(If outside city or town limits, write RURA	L and give town)
d Length of stay in hospital or inst. (yrs., mos., or days)	sport to 120 W mother (If rural give location)	91
(/ Length of stay in Baltimore (yra, mos., or days)	(e) If foreign born, how long in U. S. A.?	years
		, , , ,
3 0 FULL NAME FRAME WY		$\times$
3 (b) If veteran, name war 3 (c) Social Security Account No. 212 - 05 - 6999	MEDICAL CERTIFICATION  20. DATE OF DEATH December 14 1934	30 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the re	
m w s.	above, held an autoby thereon and fro	m the evidence
6 (b) Name of husband or wife	obtained by said and frag find that said	deceased came
6 (c) If alive, give age years	to his death on the day stated above.	
7. Birth date of deceased mo. day Suff 6. 1892		
8. AGE: Years Months Days It less than one day	Immediate cause of death	Durstion
47 7 hr. min.	horarine	
9. Birthplace // Comments	Due to	
10. Usual Occupation luf montes		
11. Industry or bus presus the tust &	Due to	
" which was a second		
12 Name Anknown	Other Conditions	
in 13. Birthplace with your	(Inch de prognan y within 3 months of death	PHYSICIAN
# 14 Maiden Name Chambolly zur von	Major findings: Of operations	Underline the
15. Birthplace 720	Or operations	death should be
16 Informant/ warret, webs on	Of autopsy	tically
1 Address 400 & Chaze & C	22. If death was due to external causes, fill in the fo	44
17 (a) Bureal 1 Date thereof 2/18/39	(a) Accident, suicide, or homicide	
(Bur al, constitute or removed) (month) (day) (year)	(h) Date of occurrence alsomber 14	(2,175)
Cemetery or cremators MT Clives	(c) Where did injury occur? 120 W 2006	nty) (State)
Location Balto mid	(d) Did injury occur about home, on farm, industrial	
18 (a) Funeral director Walkiana Cool	place? While at wo.	potores
( Address 1217 St. Paul St	(e) Means of injury	- ALD
42	23. Signature 24 Medical Examine	r. W.D.
19 (c) was ret appearant to ton till recorde F	Date signed the 14,1525	

CERTIFICATE OF DEATH/9 2. USUAL RESIDENCE OF DECEASED: 1. PLACE OF DEATH: Baltimore City, Maryland h Street address //0 c Hospital or institution d Length of stay in hospital or inst. yrs., mos., or days (e) Length of stay in Baltimore (yrs., mos., or days Left) 1 If foreign born, how long in U. S. A.? 3 a FULL NAME (1) Social Security Account MEDICAL CERTIFICATION 139. 1.25 P. 20. DATE OF DEATH DEC. 16. mons 5. Color or sace 6 a Single, married, widowed, or 21. I certify that death occurred on the date above stated, that lattended deceased from 1937, to 2006 1939. divorce and that I last saw haralive on Dec/6. 1939. 6 16 Name of husband or wife mme C 6 c If alive, give age 65 years 7. Birth date of deceased mo, day, yr / NA TH. lives than one day Years Months 10 Usual Occupation Other Conditions 11. Industry or business PHYSICIAN 12 Named July tluclude pregnancy within 3 menths of death; Major findings: Und rine the 13 Birthplace cause to which Of operations leath hould be 14. Maiden Name harged sistis-Of autopsy 15. Birthplace 22. If death was due to external causes, fill in the following: 16 a Informant (a) Accident, suicide, or homicide & Address 4h) Date of occurrence (c) Where did injury occur? (City or town) c Cemetery or crematory ondon (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place) 18 (a) Funeral director / Morn b) Address / 4/

VS 3

CERTIFICATE OF DEATH

F 63920

CERTITION	V	
	2. USUAL RESIDENCE OF DECEASED:	
. PLACE OF DEATH:		
a) Baltimore City, Maryland	a State ML b County	
b) Street address 3205 Monte bello Penna	7 4	
c Hospital or institution:	2 . I CAN THE COUNTY OF THE STREET, THE ST	RAL and government
C Prospital of financial	A Street No. 205 Montabello 1222	acc
	Street No. 200 ill rural give locata	n )
d Length of stay in hospital or inst. yrs., mos., or days	· VI	years
(c) Length of stay in Baltimore yrs., mos., or days	(e) If foreign born, how long in U. S. A.?	
(c) Length of stay in Dantimore Types		
3 a FULL NAME Basta Sarah	12284	
A visual Samuel Samuel A	MEDICAL CERTIFICATION	1653 3
) // II veteran, minus	20. DATE OF DEATH Dec 16 193	7. at - 1. M
No.	wed or at a dark accurred on the date above s	tated, that lattend-
4. Sex 5. Color of race 6 (a) Sanda married, winds	197 10 1	LC. 17-1.
tamale whose midowe	and that I last saw her alive on Alles 16	19 39.
1.1 122011		Duration
6 h Name of husband or write 6 c If alive, give age	years   Immediate cause of death	<b>Data 100</b>
7. Buth date of deceased mo, day, yr Og 25 18	71 At Paras	· Jugar.
	day try purmin Cardes	
8 AGE: 1 cars violities	min. Due to fascular orslar	e
68 / 2/ hr.		
9. Birthplace (Town county, and state)	Due to / Prince	2
	Due of ty pointe ( Kuma	es 2 days
10. Usual Occupation	Other Conditions Pulluminus	-
11 Industry or business Lt /+ Crack L		PHYSICIAN
12. Name John Lake	(Include pregnancy within 3 months of death)	
E 12. Name	Major findings:	Und rline the
13 Birthplace Balto. N.L.	Of operations	leath hould be
14 Maiden Name Rabseca M. Thomas	72	charged states
E 14 Maiden Name		I tiently.
15. Birthplace Balto, M.A.	22. If death was due to external causes, fill in t	he following:
16 a Informant May 2. Schleigh		
16 a Interment  16 Address 205 Monte bello le 212e	(a) According to (a) Date of occurrence.	
Beriel (b) Date thereof 12/19	1/3 2 1 1 1 1 injum; occur)	100000
[ 17 (a) (month) (d	(c) Where did injury occur.	(County) (State)
Parkwood	(d) Did injury occur about home, on farm, indu	strial place, in poort
(c) Cemetery or crematory. I was sure	while a	work?
Location Balls, Carl	(Specify type of place)	Q
18 (a) Funeral director Na Clean	(e) Means of injury & 2 /key &	1
1217 2. Much	23. Signature	, N. D.
(h) Address	Address ISM E. 33 S. De	ate signed 19/17/
19 (a) (b) registrar) Re	relateur Address	
(Date of the last	Contract of the Contract of th	

HEALTH DEPARTMENT-CITY OF BALTIMORE 63921

63921 CERTIFICATE OF DEATH Registered No..... (If death occurred in a heapital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1473 Reynalds Length of residence in city or town where death occurred yrs mos, ds. How long in U. S. If of foreign birth? yrs mos, ds. specify WAR S.S.705-09-0205 2. FULL NAME ... (If non-resident give city or town and State) (a) Residence: No ..... (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month, day, year) 4. Color or Race I HEREBY CERTIFY, That I attended deceased from 3. SEX married Whate male 12 1929. Death is said Sa. If ma ried w dowed, or divorced I last saw harmalive on may marchenus HUSBAND of (or) WIFE of to have occurred on the date stated above, at. 6. DATE OF BIRTH (month, day, year) June 13 1881 The principal cause of death and related causes of Date of onest If LESS than Months Days Years 7. AGE 1 day ......hrs. 2 nemonary Hemosolus 1/26 or .....min. 58 a. Trade, profession, or particular kind of work done, as apinner, OCCUPATION sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, eaw mill, bank, etc. II. Total time (years) 10. Date deceased last worked at this occupation (month and occupation year) Date of-Was an operation performed! 12. BIRTHPLACE (city or town). (State or country) For what disease or injury? none 13. NAME Name of operation y new Was there an autopsy? 14. BIRTHPLACE (city or town) Luchqueau What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-(State or country) lowing: Date of Injury..... Accident, suicide, or homicide?\_ 13. MALDEN NAME Wealths MOTHER (Specify city or town, county, and State)
Specify whether injury occurred in industry. in home, or in public 16. BIRTHPLACE (city or town) terunua (State or country) 17. INFORMANT WELL MUSICALISM 13 Reyever Manner of Injury ... (Address) 18, BURIAL, CREMATION, OR REMOVAL Nature of Injury Frattol Can Qale 24. Was direase or injury in any way related to occupation of deceased? Strong 18. UNDERTAKER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63922 Registered No.

F 63922 CERTIFICATE		
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 3 # / Brentwood Ave  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days) # 5 %	2. USUAL RESIDENCE OF DECEASED:  (a) State M. (b) County  (c) City or pown (If outside city or fown limits, write RURAL  (d) Street No.3 H. D. Entroope (If rural give location)  (e) If foreign born, how long in U. S. A.?	and give town)
3 (a) FULL NAME Jannie Louis Louis & vens 3 (b) If veteran, name was No.	MEDICAL CERTIFICATION 20. DATE OF DEATH	3 M
6 (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife   Falfillo & Eg vence   6 (c) If alive, give age   years  7. Birth date of deceased (mo., day, yr.)   Nov.   872  8. AGE: Years   Months   Days   If less than one day   9. Birthplace   Arenton   Va.   10. Usual Occupation   Housewife   11. Industry or business  12. Name   Name   Annie Onderson   13. Birthplace   1.	21. I certify that dead accounted on the date above tates ed deceased from 19 , to and that I last saw h alive on 19 law cause of death  Due to  Other Conditions  (Include pregnancy within 3 months of death)  Major findings: Of operations	PHYSICIAN  Underline the cause to which death should be charged statis tically.
15. Birthplace  16 (a) Informant Louisa Morton  (b) Address 3207 Barkley St.  17 (a) Davial  (b) Date thereof New, 1741/  (c) Cemetery or crematory Ileasan Rest  Location North Joneson Ma.  Location North Joneson Ma.  (b) Address 278 yn Clark Cerry 1.	Of autopsy  22. If death was due to external causes, fill in the f  (a) Accident, suicide, or homicide  (b) Date of occurrence.  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industria place?  While  23. Signatur  Address  Address  Date a	ollowing:  unty) (State) I place, in publi

# CERTIFICATE OF DEATH A Registered No.

	<b>V</b>
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:  (a) State And (b) County Bollowere
(b) Street address (c) Hospital or institution:	(c) City or town Ballinine
Comp Holabird	(If outside city or town limits, write Rt RAL and give town)
	Martineet No. 29 horth Sanglewood #
d Length of etay in hospital or inst. (yrs., mos., or day	
(c) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME HARRY G. ST	PEDDEM
3 h If veteran, name war 3 (c) Social Secur	
No.218-09-	5510 20. DATE OF DEATH Dec 14, 1939, at 100 M
4. Sex 5. Color or race 6 a Single, married, divorced house	withwed, or 21 IHERERY CERTIFY. That I took charge of the remains described
6 (b) Name of husband or wife Henrietta	obtained by said (Autopsylor Inquis) find that said deceased came
7. Birth date of deceased mo. day, yr may . 72	- 1991 to have death on the day stated above.
	Immediate cause of death Duration
58 6 22+ hr	min Curnary thronbono
9. Birthplace Baltimore Ing	Due to Orterrosaleronio
	ageneral agent
10. Usual Occupation Sheet fretal, h	Mar Due to
II Industry or business amp Holas	rid Dae to
# 12 Name Sur W. Speddon	Other Conditions
13. Birthplace Ballimore my	(Include programs within 8 months of death)
# 14 Maiden Name _ rust _ raws	Major findings: Underline the
E 12 11-	Of operations cause to which death should be
	charged status
16 (4) Informani hus. Hungietty sp	yddon Of autopsy as above. tically
1 Address 29 h. Smallworld.	22. It death was due to external causes, fill in the following
n · K	18-1934 1 Accident, suicide, or homicide
17 b Date thereof AM	(day) (year) (b) Date of occurrence
mount Olivel	(c) Where did injury occur? (City or town) (County) (State
(c) Cemetery or crematory mount	(City or t. wn) (County) (State  (I) Did injury occur about home, on farm, industrial place, in public
Location / Dallymon or na	place? While at work?
18 (a) Funeral director George L. Jehr	(Speci st pe of place)
16) Address 7101 Studiesk	We (e) Means of injury
Addiess	23. Signature 14 Low Medical Examiner M.D.
100 1. 1 Wester war It to your Milli	Rockstand Date signed dec 14,17)[
VS C	

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
Raltimore City Maryland	a) State Md (b) County
(b) Street address	to the second Rollings
(b) Street address (c) Hospital or institution: Happins Horpital  d) Lendy of stay in hospital or inst. (yrs., mos., or days)	(If outside city or town limits, write RURAL and give town)
Homes 1 1-da	(d) Street No. 1636 E. Prett St.
	The state of the s
Length of stay in Baltimore (vrs., mos., or days)	I tortigue out at, most range to over the
3 (1) FULL NAME alzer Julius	Growbech Olvar Julius Gronbech
3 b) If veteran, name war 3 c Social Security Account	MEDICAL CERTIFICATION 3200
No.	20. DATE OF DEATH & acusto 10 1959. at M
4. Sex 5. Color or race 6 a Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the remains described
Wale Withite divorced Suigh	above, held an (Autopsylor Incarry) thereon and from the evidence
6 (b) Name of husband or wife	obtained by said " find that said deceased came
6 (c) If alive, give age years	(Autopus or Inquiry) to he death on the day stated above.
7. Birth date of deceased (mo., day, yr.) June 1, 1914	
8 AGE: Years Months Days If less than one day	Immediate cause of death  Praction 1 Stell
25 6 9 hr min	Testine I skell Subordhurit hemorrkage
9 Birthplace Borge near Lofotes, Norway	Due to Fraction, legs
Town, county, and state)	
10. Usual Occupation The Three Transfer or hus ness	Due to
	Od Contract
12. Name 13. Birthplace  Lu & Vou	Other Conditions
13 Birthplace	(Include pregnancy within 3 months of death)
14. Maiden Name  15. Birthplace	Major findings:  Of operations  Underline the cause to which
15. Birthplace	deat should be hars I stati
16 (a) Informant Steam ship Company.	Of autopsy tirally
(b) Address	22. If death was due to external causes, fill in the following:
17 a Fund Date thereof PRC . 18 39	(a) Accident, suicide, or homicidelladut
menth) (dar) (year)	(1) Date of occurrence 12/10/39
Cemetery of elematory of year and here in	(c) Where did injury occur? here to 15 C. Layelle M
Location The Long Many	Did injury occur about home, on tarin, industrial place, in public place? While at work?
18 (a) Funeral director & Much Trous	place? (Specify type (relace))
Address 1003 m. Baltimore St.	Means of injury
	2). Signature Medial Examiner.
13 7 1939 month tinting for Milianary Hot	Date signed /4 /6 137

HEALTH DEPARTMENT—CITY OF BALTIMORE 63925

6		•	3:	1	6	)	1	5
1	•			,	ı		_	-

63925 CERTIFICAT	TE OF DEATH J
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No.	of street and number.)
and weldence in city or town where death occurred the	monda. How long in C. S. Veteran
Yarv E. LONTILIA	
2. FULL NAME	St., Ward. (If non-resident give city or town and State)
(a) Residence: No(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	1000 15 1939
3. SEX 4. Color or Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, That I attended decensed from 22. I HEREBY CERTIFY, That I attended decensed from 193.9.
5a. If married widowed, or divorced	I hat now has alive on the 15 1939. Death is said
HUSBAND of LOUIS LONG IIIA	to have occurred on the date stated above, at 9 C. ra.
6. DATE OF BIRTH (month, day, year) July 15, 1880	The principal cause of death and related causes of Date of erset
1 day hrs.	Description of Lating
59 5 0 ormin.	- Carcinsmo Jo lip heart 1935
8. Irade, profession, or particular kind of work done, as spinner, aswyer, bookkeeper, etc	
kind of work done, as spinner, as Cres.  s. Industry or business in which work was done, as silk mill,	Other contributory cannon of importance:
work was done.  and mill, bank, etc.  11. Total time (years)  apent in this	Tryama
this occupation (month and occupation year	Wee an operation performed 42 Date of 1935
DIRTHPLACE (city or town)	III AAPIAA 4 NUMBER
(State or country) Maryland	Name of operation Humal & hunts
Maryland	
H. HIRTHPLACE (city or town) Maryland (State or country)	What test confirmed diagnosis? I was there as also the formula and the second of the s
E 13. MAIDEN NAME Margaret McGee	
16. BIRTHPLACE (city or fown) LARY LANG (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publ
E INTORMANT LOUIS Lohr fink	Manner of Injury
Address) 6 York Court  18. BI RIAL, CREMATION, OR REMOVAL  12/18/39	Nature of Injury
In Birial, Cremation, or removal  Phon Woodlawn Cem. Date 12/18/39	24. Was disease or injury in any way related to occupation of decease
1/ (1) mears of Jon	Mr If so, spely - 2 1
11 INDERTAKER 16 W Calvert It	(Signed) Ja. W. Jasky
and it is to Killiane	(Address) 501-503 Orlanda
MEC 17 1939 Turbing on Image	

HEALTH DEPARTMENT—CITY OF BALTIMORE 63926 CERTIFICATE OF DEATH Registered No..... (if death occurred in 1. PLACE OF DEATH a hospital or institution, give its NAME instead Ward) of street and mumber.) CITY OF BALTIMORE: (No.2 718.6 7 mos. Leath of reddence in clay or town where death occurred.... If U.S. Veteran specify WAR 2. FULL NAME Ward. (If non-resident give city or town and thate) (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single. Yarridi, Widowed. or Divorced (write the ward) I HEREBY CERTIFY, That I attended deceased A Color er Take no December 14 19.39 Jan. 19.39 Death is said I last saw her silve on Dec. 14 or diverced to have occurred on the date stated above, at 12 hum HUSBAND of (or) WIFE of The principal cause of death and related causes of Date of onset 6. DATE OF BIRTH (month, day, year) importance were no follows: If LESS than Days Months 7 AGE Years 1 day bra. Carcinoma of Breast. or min. s. Trade, profession, or particular kind of work done, as spinner, ATTON sawyer, bookkeeper, etc ... 9. I dustry or business in which Other contributory causes of importance: work was done, as silk mill, -------2 saw mill, bank, etc. 11. Total time (years) to. Date deceased last worked at ment in this this occupation (month and year) Was an operation performed?... NO Date of ..... 12. BIRTHPLACE (city or town) (State or country) For what disease or to jury? Name of operation 13. NAME What test confirmed diagnosis?... Was there an autopay 23. If death was due to external causes (violence) fill in also the foi-14. HIRTHPLACE celty or flown (State or country) lowing: ... Date of injury ..... rident, suicide, or homicide?.... 15. MAIDEN NAME (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town) ... (State or country) place .... 17. INFORMANT WAY Manner of injury Address ZY IN HURIAL, ON MATION, OF Nature of injury 24. Was disease or injury in any way related to occupation of deceased? relexiste D. Creus 19. UNDERTAKE (Address) 2827 N. Calvert St.

63927	CERTIFICATE	OF DEATH	
		2. USUAL RESIDENCE OF DECEASED:	4 11 1 12
. PLACE OF DEATH:	0	(a) State/ (b) County	
a) Baltimore City, Maryland	Pork Nachhan	(a) State	
b) Street address 5.50/	V Was Mayree	(c) City of town Library town limits, write RUHA	L and give town)
c Hospital or institution:		TELL Free Her	who me
		A Street No. 0 3	
d Length of stay in hospital or	inst. (vrs., mos., or days)	2	9
d Length of stay in hospital of	29	(e) If foreign born, how long in U. S. A.?	years
(c) Length of stay in Baltimore	yrs., most of the		
3 (a) FULL NAME	M. Enhide	TION	
e cerosa	3 (c) Social Security Account	MEDICAL CERTIFICATION	0 400
3 b) If veteran, name war	No.213-09-5495	DATE OF DEATH	1. at 4-P. M
World War	Now 10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	- 1 . 1 . 1	ted; that lattend-
4. Sex / 5. Color of race	6 (a) Single married, widowed, or divorced MAN	11 -d from /2/6 1977, 10	16 19 3 9.
male. White		1 d a blast gaw h affive on	19
bushand or wife	Nauro Sopieles	and that I made a Da wordele	Duration
6 h Name of Indebuns	6 c If alive, we age 35 years	Coronary Occlesion	5
7. Birth date of deceased mo.,	day, yr.)	Country	
8. AGE: Years Months	Days If less than one day		
8. AGE: Teals	hr. min.	Due to	
71	.1		
9. Birthplace Russ	Town county, and state)	Due to	
10. Usual Occupation	ething Culler	at a trian	
11. Industry or business	10	Other Conditions	PHYSICIAN
1) //	Inhides	(Include pregnancy within 8 months of death)	Underline th
H 12. Nameuseph	10	Major findings:	ause to which
Z 13 Kirthplace	pusare +	Of operations	jeath sho ld b
E 14. Maiden Name Mon	the Sheehter		tically.
	Received.	Of autopsy	
2 15. Birthplace	Kinsides	22. If death was due to external causes, fill in th	6 10110 H 1116.
16 (a) Informant	nel fatter	(a) Accident, suicide, or homicide	
(b) Address 3403	W. Rogero	(b) Date of occurrence.	
13 mil	Date thereof Jan down	(a) Where did injury occur?	County) (State)
17 a Furial, cremation, or rem	and I had the	(d) Did injury occur about home, on farm, indus	trial place, in publ
Cemetery or cremator	Her ille Januar	- White at	work?
Location Mosos	es managere	place? (Specify type of place)	. 2
	ex semo me	(e) Means of injury	hon
18 a Funeral director	39 6. Ball X	and the second	M. D.
(b) Address	V /	1 2 ( A Marall Marall	e signed 14/7/
19 (4 7 1339	RafigOnr	Address 5/1/ But the m. S	
Date rec d by res	The state of the s	How findered Eromen	4

ze. 111 FD

## HEALTH DEPARTMENT-CITY OF BALTIMORE

CERTIFICATE OF DEATH UNI Registered No ..... (1f death accurred in n hospital or institution, give its NAME instead of street and number.) 1. PLACE OF DEATH CITY OF BALTIMORE: (No. STANGAL de. How long in 1'. S. If of foreign birth?\_\_\_yrs.\_\_\_\_de. If U. S. Veteran Length of residence in city or specify WAR 2. FULL NAME ..... (If non-resident sive city or town and State) Ward. .... . ... St., (a) Residence: No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) 5. Single, Married, Widowed, or Divorced (write the word) I DERERY CERTIFY, That I attended deceased 4. Color or Bace RSC1 7, 19 39 marries while 19 39 Death is said I last saw ho ... alive on ... to have occurred on the date stated above, at 12, HUSBAND of The principal cause of death and related couses of wente coronary occlusion 12/15/57 6. DATE OF BIRTH (month, day, year) If LESS thun Thurs Months Venre 1 day hre. fingertlugue Co min. s. Trade, profession, or particular kind of work done, as spinner OCCUPATION sawyer, bookkeeper, etc .... 9. Industry or business in which Other contributory causes of importance; work was done, as silk mill, naw mill, bank, etc. 11. Total time (years) 10. Tute decenned last worked at spent in this this occupation (month and corupation SWETT. Was an operation performed? 12. BIRTHPLACE (city or town). For what dietane or injury? (State or country) Name of operation Was there an autopay? PATHER II. NAME What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also the fol-14. BIRTHPLACE (city or town). Unter of Injury...... , 19 (State or country) Accident, suicide, or hemicide? Specify whether injury occurred in industry, in home, o in public 15. MAIDEN NAME 16. HIRTHPLACE (city or town) (State or country) place ..... post-17. INPORMANT Manner of injury (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Wey disease or injury in any way related to occupation of deceased? Mar Jelsen 19. UNDERTAKER (Signal). 1444 (Address)

### F 63929

## CERTIFICATE OF DEATH



F 63929

			The same and the s	
. PLACE OF I			2. USUAL RESIDENCE OF DECEASED:	ico.
	City, Maryland	and Indeed and That Ct	(a) State Maryland (b) County	
		ark Drive and 31st St.	(c) City or town Salisbury	
( Hospital	or institution:	tel Weltimore Md	of City of town limits, write RURA	1. and give town)
		tal, Baltimore, Md.	Street No. (If rural give location)	
d Length of	stay in hospital or	inst. yrs, mos, or days 5 days	(If reral give location)	
1 .1 (	in Rollimore	yrs., mos., or days 5 days	e If foreign born, how long in U. S. A.?	yenis
		7111		V
3 (a) FULL NA	ME William	T. Donald		_
3 7. If veter	an, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	0.35
, , , , , , , , , , , , , , , , , , , ,		No.	20. DATE OF DEATH DOC. 16, 19 35	7:15 M
4. Sex	5. Color or race	6 a Single, married, widowed, or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ted; that lattend-
Male	White	divorced Widowed	11 1000 110 1000	10 10
		Mary E. Ctoker	and that I last saw h im alive on Dec. 16, 1	9 39
b b Name	of husband or wife	6 c If alive, give age years	Immediate cause of death	Duration
		0 1 11 11 11 11 11 11 11	Lobar pneumonia	about
		day, yr. Feb. 7, 1864 Days If less than one day		4 days
8 AGE: Y	75 10	0	Due to .	-
		nr.		
9. Birthplace	Somerset Co	Town counts and states	Due to	
10.11. 10	Retin	red Keeper-LIB	11 0 1	10 days
II. Industry	or business U	. S. Government NO	Other Conditions Gangrone 1t. foot	To days
-		V	arteriosclerotic (Include sregnancy within 8 months of death)	PHYSICIAN
12. Nam	James H.	on Id	Major findings:	Underline the
# 13. Birth	place Calvo	rt County, Md.	Of operations	a me to which
44		a Jane Jones		hath haid to
E 14 Maid		t County, Md.	Of autopsy None	tically
15. Birth	place	Wowlno Woonite	I - I - I - I - I - I - I - I - I - I -	following:
16 (a) Info	Bereines.	s-U. S. Marine Hospita	(a) Accident, suicide, or homicide	
b Add	ress Laltim	ore, Md.		
17 0 Bu	mal	(b) Date thereof /2 /19/39	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unty) (State)
Ruria	I, eremation, or remo	1111	(d) Did injury occur about home, on farm, industri	
(c) Cem	etery or crematory	Quil, Gen.	While at w	ork?
Loca	ition M M	yet are a little	place? (Specify type of place)	
18 (a) Fun	eral director A	Will H. Well	Manne of injury	10/1
	dress 4/01	& dnondson	m. 11, 00 0000	<b>M</b> . D
5.0 4 T	1630 4	- += += 1/11: NA	Address U. Marine hospitabate	migned 15/16/
19 (0)	rest of by registrari	magor musique	Address XX 5 A A A A A A A A A A A A A A A A A	
		0 1	Haltimore, Md.	

F 63930 BALTIMORE CITY HEA	OF DEATHY
	2. USUAL RESIDENCE OF DECEASED:
b) Street address 919 Bentalow St.  (c) Hospital or institution:	(c) City or town Saltmore (If outside city or town limits, write RURAL and give town (If rural give location)
(d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yra., mos., or days)	(c) If foreign born, how long in U. S. A.?
(e) Dengin or the	loss
3 (a) FULL NAME (melia Haen A 3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec - 14 19 34, at. 9: 436.
No.	20. DATE OF DEATH.  21. I certify that death occurred on the date above stated; that latten
Lengle While divorced. Wildwed, or divorced. When Harnsler	ed decembed from Dec 12 Dec 14 19 24.
6 (b) Name of husband or wife 6 (c) If alive, give age years	Immediate cause of death + Styretener
7. Birth date of deceased (mo., day, yr.)  17. Birth date of deceased (mo., day, yr.)  18. Birth date of deceased (mo., day, yr.)	Hear Durest
8. AGE: Years Months Days Ir leas than on min.	Sugary 1 1 theren 3
9. Birthplace Germany, wn, county, and state)	Due to Control fragge
10. Usual Occupation X. W.  11. Industry or business Own	Other Conditions PHYSICI
# 12. Name Prederick Hartle	(Include pregnancy within 3 months of death)  Underlings:
\$ 13. Birthplace Sermany	Of operations death show
14. Maiden Name Leggeman	Of autopsy tically.
14. Maiden Name	27 If death was due to external causes, fill in the following.
To a geto	(a) Accident, suicide, or homicide
(b) Address 2409 W. Lafayette a	(h) Date of occurrence
17 (a) Burish (b) Date thereof (month) day (P)	(c) Where did injury occur? (City or town) (County) (St
(c) Cemetery of crematory	
(c) Cemetery of the Alexander of Con	place? (Specify type of place)

(b) Address 2 (Burial, cremation, or removal) (c) Cemetery or crematory oach 18 (a) Funeral director

(e) Means of injury

### CERTIFICATE OF DEATH



### F 63931

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Med. (b) County Balto.
(b) Street address	
(c) Hospital or institution:	(c) City or town Ruslesslaves (iff outside city or town limits, write RURAL and give town)
Church Jame & Infrances	
d) Length of stay in hospital or inst. (yrs., mos., or days) 30 legs	Street No.
Length of stay in Baltimore (yra, mos., or days) 30 days	(e) If foreign born, how long in U.S. A.?
3 1 TULL NAME Reverend Clause W. H.	litimane
3 b) If veteran, name war Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC. 17 19 39 , at 4 P M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattend-
market market	ed deceased from Nov 18 1939 . to Dec 17 1939.
6 b) Name of humband or wife Other M. Whilehouse	and that I last naw him alive on Lee 17 19 37 .
6 (c) If alive, give age 5'7 yeara	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr) Lee 27, 1882	EMPYEMA . NECESSITATIS 61903.
8 AGE: Years Months Days If less than one day	7.200
56 11 20 hr. min.	Due to FMPYILMA, LEFT 1804 4 4 85?
9 Birthplace Hackington . S. C.	2 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10. Usual Occupation Minister . Chesiapal	Due to PHAMENARY IN FARIT? 49 NS
11. Industry or business	Other Conditions
12. Name It elland 5. It hitman	
	PHYSICIAN  Make College pregnancy within 8 months of death)
13 Birthplace andiana	Major findings:  Of operations EMPY CMA, AEFT  and the same to which
14 Maiden Name Cligatica States	leath hould be
15. Buthplace Selvises	Of autopsy tically.
16 a Informant has where whilmane	22. If death was due to external causes, fill in the following:
h Address Profit 15	(a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof Dec. 20 1939	(b) Date of occurrence
(monent (day) () car)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory I rinity Corneting	d) Did injury occur about home, on farm, industrial place, in public
Location It Marys Car.	place? While at work?
18 (a) Funeral director J. F. Uline, Inc.	(Specify type of place)
16) Address Resolution md	23. Signature Scalella Harrison
19 (a) (b) By respectively Post to By intrug	Address Church Home & Inflamory Date signed 2-17-39

#### 63932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFIC	CATE OF DEATH
	Registered No
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1719 Presh	(If death occurred a hospital or instituti give its NAME inst
CITY OF BALTIMORE: (No. / / )	of street and number.)
Length of residence in city or town where death occurred Syrs	osds. How long in U. S. If of foreign birth? yrs. mos
2. FULL NAME William merri	watter
17198 20	St., Ward. (If non-resident give city or town and State
(a) Residence: No. 1 (Usual place of abode)	CENTURE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	The state of the s
3. SEX 4. Color or Race 5. Single, Married, Wido or Divorced (write the w	oru) t HERERY CERTIFY. That I attended deceased
male Col. married	- cu 37 /20-10 - 10
Sa. If married, widowed, or divaged HUSBAND of	Lest saw 12 - 14 - 193 % eath la
(or) WIFE of Control (month, day, year) reside 10,186	to have occurred on the date stated above, at 300 ne  The principal cause of death and related to the principal cause of death and t
Dave I LESS	than importance were as folious:
7. AGR Years Months of I day,	
8. Trade, profession, or particular kind of work done, as spinner.	
sawyer, bookkeeper, etc.	
work was done, as silk mill,	
10. Date decemed last worked at this occupation (month and	Other contributory care of importance
Plannand Va.	24
12. BIRTHBLACE (city or town).	
5 11 NAME ROOT. Merrieveals	Name of operation
E 16. HIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (violence) fill in also the
(State or country)	23. If death was due to external tautes (violating lowing:  Accident, suicide, or homicide?
16. MAIDEN NAME Many Mellon	
16. HIRTHPLACE (city or town) (State of Guntry)	Where did injury occur? (Specify city or town, county, and Started Specify whether injury occurred in industry, in home, or in
Karine Stay	L O place
17. INFORMANT, 719 Presburge	Manner of injury.
18. BURIAL, CREMATION, OR REMOVAL	So Nature of injury
Place & Solice Mesonal PR Date	24. Was disease or injury in any way related to occupation of dece
D. UNDERTAKER Charles S. st. Sy	The it so, spenty Con Seque
(Address) 51 p. M. Shows 35	(Sixual Toll & mountains
so strike to the state of the s	Markey 07 6 OLD TO

VS 8

CERTIFICAT	E OF DEATH VI	
	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	County County	
(a) Baltimore City, Maryland overnator St	a State b County	
(b) Street address /829 ( ) Street	c City or town Vallernone	1, and gire town)
e Hospital or institution:	ill out ide city or town limit, write RURA	1, and give a will
	No 1829 tovengon	9/
	Herail in location)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yrs., mos., or days)	A location and the	
3 a FULL NAME , A Manaleall	4,	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	MEDICAL CERTIFICATION	
3 of Security Account	1139	12:30 M
No. MIL	ZII. DATE OF DEATH	The second name of the second na
4. Sex 5. Color of race 6 a Single, martied, widowed, or	21. I certify that death occurred on the date above stat	ed; that lattend-
Male this divorced than	ed deceased from Nov. 1/3919 Dec.	10/30
	and that I last saw him alive on Dec. 13/39	<i>?</i> )
5 h Name of husband or wife 6 c If alive, give age years		Duration
17 11 11/14	Temecante cost of other	
7. Birth date of deceased mo., day, vr Wills 180/	Chronic Paranchymatous	Unknown.
8 AGE: Years Months Days If less than one day	Nonhritis.	
152 8 9. W hr. min	Due to Nephil 1010	
6 de Vinnal Mid		
9. Birthplace (Toya, courty and state)	Due to	
10. Usual Occupation wich a rever,	Other Conditions Cerebral Apoplex;	y 7 yrs.
11 Industry or business	Other Conditions	PHYSICIA N
- U TITL A A K - VK	(Include pregnancy within 3 months of death)	PHYSICIAN
# 12 Namarrus C Manager	Major findings:	t ad rline th
2 13 Brithplace	Of operations	leath should b
- Language 1		harged stati
14 Ma den Name John Wood 1714	Of autopsy	tically.
15. Birihplace	22. If death was due to external causes, fill in the	following:
16 a Informany Mouth of Marshall	(a) Accident, suicide, or homicide	
1) Address 3/4 E Normburg St		
0.6 14/8	(b) Date of occurrence	
17 (Burial, cremation, or removal) (month) iday) (ver	ar) (c) Where did injury occur? (City or town) (Co	ounty) (State)
( Sully make	(d) Did injury occur about home, on farm, industri	al place, in pub
Cemetery or cremative with	Thile at w	vork?
Location College To The Location	(Sp. Ify type of place)	0/
18 a Funeral director	(e) Means of interest of the after the	Suu M
b Address of 211 of lower	23. Signature	, M. D.
2501813 at 1 1 Mill 1	Address. 933 Hanover St. Date	signed / EC.
19 for Party reced by registrar Thurte of for Williams Antist	Address. 900 nanover 30. 5m	16/34

VS 3

(c) Street address 36 35 Plus les locum RC.  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Length of stay in Baltimore (yrs., mos., or days)  (g) Residence of the properties of the proper	(RC)
(a) State MA County  (b) Street address 3635 Restlestation Rel.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) If foreign born, how long in U. S. A.?  (g) Social Security Account No.  (h) If veteran, name war  (g) Social Security Account No.  MEDICAL CERTIFICATION  20. DATE OF DEATH Control of the date above stated, the divorced.  21. I certify that death occurred on the date above stated, the divorced.	(RC)
(c) Street address 3635 Selection Se	(RC)
(c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) If foreign born, how long in U. S. A.?  (g) If foreign born, how long in U. S.	(RC)
(c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) If foreign born, how long in U. S. A.?  (g) If foreign born, how long in U. S.	(RC)
d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.?  (f) If foreign born, how long in U. S. A.?  (g) If foreign born, how l	years
d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) If foreign born, how long in U. S. A.?  (f) If foreign born, how long in U. S. A.?  (g) If foreign born, how l	years
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  (c) If foreign born, how long in U. S. A.F.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH Color of the date above stated, the divorced.  MIGLARY COLOR of the divorced of the divorce	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  MEDICAL CERTIFICATION  20. DATE OF DEATH C.	/ A
3 (a) FULL NAME    Western   3 (c) Social Security Account   No.   20. DATE OF DEATH   Color of the date above stated, the divorced.   M. G. 224 (C)   21. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced.   M. G. 224 (C)   22. I certify that death occurred on the date above stated, the divorced of the date above stated, the date above stated of the	/ A
3 (c) Social Security Account  No.  20. DATE OF DEATH  20. DATE OF DEATH  21. 1 certify that death occurred on the date above stated, the divorced.  A. Sex of the divorced.  A. C. A. A. C.	/ 4
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. M. G. 20. DATE OF DEATH Color of the date above stated, the	/ 1
4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated, the	4 A M
and deceased from 12-13 1927 . to	77.00
and deceased from 12-13 1927 . to	at lattend-
	19
Male White Marie of ed deceased from alive or set 1939	
A Name of husband of wife	Duration
6 c If alive, give age years framediate cause of death	2 les.
7. Birth date of deceased mo., day, yr. 1885 Cardiac forlul	
16 less than one day	fer.
8 AGE: Years Months Days III less than Due to Caronary Occhunda	
T D William WS	
9. Birthplace (Town, county, and state) Due to	
(10wn, county, and	
10. Unual Occupation The fulle Liquer Other Conditions Rothera branchitis _	
II. Industry of business 1977 Collection of Sucretions	PHYSICIAN
Include pregrating within a month	Underline ti
Major findings:	ause to which
de de	eath should
14 Marden Name Quan	harged tati
Uf autopsy	
22. If death was due to external causes, fill in the follow	wing.
Address 3 6 35 Lustus tour Vit	
D . ( D) 74 X . 1 Describered 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State
17 a month, (day) (year) (c) Where did injury occur about home, on farm, industrial place (d) Did injury occur about home, on farm, industrial place	
(d) Did injury occur about nome, on talk, the work?	
Location & amilton and place? (Specify type of place)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	1.
23. Signature 21. 24. 26 MV / WWW. 23. Signature	M. D.
018 7939 but to the William And P. Address Jobs during come by Date signed	d / /

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	(a) State M.L. (b) County	
(a) Baltimore City, Maryland	a) State.	
(a) Baltimore City, Maryland (b) Street address 93 2 Sislably	(c) City or town Baltimore (If outside city or town limits, write RURA).	and give town)
(c) Hospital or institution	(c) City or town (If outside city or town limits, write RURA).	and Revenue
	Street No. 932 Relative to the rural give to the state of	
ar daya)		
d Length of stay in hospital or inst. yrs., mos., or days)	(1) If foreign born, how long in U. S. A.?	years
(e) Length of stay in Baltimore (yrs., mos., or daya)	() If foreign born, now	
1 4 1		
3 (a) FULL NAME  Selection Virtual Security Account	MEDICAL CERTIFICATION	
3 (c) Social Security Account	L16 1034	3300 M
3 (b) If veteran, name war		
5 Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	; that lattend-
divorced.	man. 8 1932, to	12 1721.
levole while ding	and that I last saw h & alive on Sec. 19 19	39.
6 b Name of husband or wife vears		Duration
6 (c) It alive, give age	Immediate cause of death	
7. Birth date of deceased (mo., day, yr.) Myy 11, 18		
7 Birth date of december 1 Bays If less than one day	an mital Clemonic	
8 AGE: 1 care within br. min.	Due to.	
00	2. 1' tolital	
9 Birthplace (Town, county, and state)	Due to Caracaco	
10. Usual Occupation & orleaning	Ol C Niese	-
11. Industry or business	Other Conditions	PHYSICIAN
at interpretation	(Include pregnancy within 3 months of death)	
12. Name Land	Major findings:	Underline the
13 Birthplace Tumuny	Of operations	death should be
1 1 - a cont Housell		charged statis-
H 14 Maiden Name Mary and Comme	Of autopsy	tically
15. Birthplace	22. If death was due to external causes, fill in the fo	ollowing:
16 (a) Informant 17,2 y North	(a) Accident, suicide, or homicide	
	(a) Accident, source	
(b) Address 183	7	
17 (a) Date thereof (month) (day) (year	(Coty or town) (Cour)	nty) (State)
(Burial, cremation, or remeval) (estern Cent.	(d) Did injury occur about home, on farm, industrial	la piace, in passa
(c) Cemetery or crematory	While at wo	TK?
Location Carrier Contraction has	(Specify type of prace)	
18 (a) Funeral director & slow of fine	(e) Means of injusty malin / to a	9
1 3 1 Depundent	23. Signature	м. р.
(b) Address (c) (c) (d)	To a levant Blod Date at	gned/2/16
-12 a a sa fl of ton Muneil Reciserar	Address   / L	
Ul No 1993 registrary		

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street address 10-37 Central Paul	(a) State (b) County	
(c) Hospital or institution:	(c) City or town	
St. Joseph's Hospital	(If outside city or town limits, write RURAL and give town)	
d) Length of stay in hospital or inst. (yrs., mos., or days), 7. deys	d Street No. 1037 Unial Club	
(e) Length of stay in Baltimore (yrs., mos., or days) Life.	If foreign born, how long in U. S. A.? years	
3 a FULL NAME KAtherine Poopy	X	
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH Dec. 16th 1989, at 9 A.M	
4 C. Colores and 6 (a) Sinds model and and and are		
Female White divorced. Walled ed deceased from Dec. 10 19 34, to Dec 16 7 19		
6 b Name of husband or wife John Joggy	and that I last saw he R alive on Dec 16 19 39.	
6 c If alive, give aged years	Immediate cause of death LOBAR. Meu mone Duration	
7. Birth date of deceased mo., day, yr. July 9-1864	Utd. lower and middle Lobes Dodges!	
8. AGE: Years Months Days If less than one day	Due to ARterio- Schrolic Cardio Harris	
br. min.	Disease : AuRicular Fibrillelia ?	
9. Birthplace (Town, county, and state)	Due to CARdiac Decompensation	
10. Usual Occupation MML		
11. Industry or business	Other Conditions	
12. Name adam Byer	(Include pregnancy within 3 months of death)  PHYSICIAN	
13 Birthplace Balto. Md.	Major findings:	
a madrale Out	Of operations cause to which	
14. Maiden Name Madagely Unicks	Of autopsy Lobas Pneu monio death should be sharged statistically	
15. Birthplace 2000 / 100.		
16 a Informant Mo. Consability Roberts	22. If death was due to external causes, fill in the following:	
(b) Address 3448 11. 13 of Jula. 1a.	(a) Accident, suicide, or homicide	
17 (a Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
Cemetery or crematory Holy Cross Hurfad No	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public	
(16 alternat	1971	
Location Philip Heruig Lons	place? While at work? (Specify type of place)	
18 a Funeral director Fully would store.	(e) Means of injury	
Address a 1620 to tie ton Volliague, MP.	23. Signature M. D.	
Dan Od to Distrar	Address S. My Date signed	

#### F 63937

# CERTIFICATE OF DEATH 95 Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland D 0 -	(a) State Ma (b) County	
(b) Street address 325 N. Owbinson S.	(e) City or town Baltmire City	
(c) Hospital or institution:	(c) City or town (c) City or town wints, write RURA and give town)	
	d sich No. 416 M. Luserne ave	
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rugs give location)	
V.V.	(e) If foreign born, how long in U. S. A.? years	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) it foreign both, now long in o. o. v. a.	
3 (a) FULL NAME John Zimmerman		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.219-07-4-292	20. DATE OF DEATH & CC. 16 1939. at 28.1. M	
5. Colorer race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-	
Male White divorced Widowed	lowed ed deceased from 1938, to Let 193	
6 6 Name of husband or wife Marguet Jimmerman	and that I last saw han alive on Ofs:16, 19 39.	
6 (c) Walive, give age years	Immediate cause of dooth ,	
7. Birth date of deceased (mo., day, yr.) Oct. 25-1871	Coronary thromboris 20 minutes	
8. AGE: Years   Months   Days   If less than one day		
68 1 21 hr. min.	Due 10 Arthiocheratio aunt derice	
9. Birthplace Baltimore Md.		
(Town, county, and state)	Due to	
10. Usual Occupation Jugat Man		
11. Industry or business Muchants + Minus	Other Conditions Mid Ly pettension PHYSICIAN	
12. Name Leo : Jimmerman	(Include pregnancy within 3 months of death)	
13. Birthplace Lemans	Major findings: Underline the	
	Of operations cause to which death should be	
14. Maiden Namabarbara Jaoffelder	charged statis-	
2 15. Birthplace Germany	Of autopsy	
16 (a) Informant Carrie Zimmerman	22. If death was due to external causes, fill in the following:	
b) Address 46 M. Luzerne aul	(a) Accident, suicide, or homicide	
17 (a) Bellail (b) Date thereof 12 19 39	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State)	
(c) Cemetery or crematory (Calmier)	(d) Did injury occur about home, on farm, industrial place, in public	
Location Charles	place? While at work? (Specify type of place)	
18 (a) Funeral director Mily Source	(e) Means of injury	
(b) Address 2016 Orleans 56.	23. Signature Berg B. Moss	
19 (a) 1 & 1939 (b) water for filles elle M. R.	Address 4 4 7. Lugarne Date signed 12/18/3	

#### 63938

#### HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No. CITY OF BALTIMORE: (No. 1304 W. Mulberry, 19 (If death occurred in a hospital or institution, give its NAML instead of street and number.) ds. How long in U. S. If of foreign birth? yr mos ds. 30 (If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 Color or Race 5. Single, Married, Widowed, 21. DATE OF DEATH (month, day, year) / Z. /J. 3 9 or Divorced (write the word) I HEREBY CERTIFY, That I attended de cased from married 10.19.38 . 19 . to 12.15.39 Sa. If married, widowed, or divorced 1 last saw him alive on 12, 15. 39 19 Hertha. novers to have occurred on the date stated above, at 11. 30/4 m. January 29 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of Months Days If LESS than 7. AGE importance were as follows Date of onsyl 1 day. - hrs. afeat 16 or - min. Condio renal vascular Dissal 19,9.38 8. 1 de, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bronchiae asthma 12.11.39 9. In lustry or business in which work was done, as silk mill, OP. W. A saw mili, bank, etc. 10. Date deceased last worked at II. Total time (years) this occupation imonth and spent in this 2, 0 Other contributory causes of importance: occupation 12. HIRTHPLACE (city or town) anne arundel Co State or country) Hewart Name of operation 11. RIRTHPLACE (city or town) and armedle Was there an autopey? Ho (St te or count y) 23. It death was due to c tery I came (violence) fill have the following rances gross I. MAIDIN NAME Accident, suicide, or homicide? ... Date of in ary d arundel Where did injury occur? (Specify city or town, county, and State) Specify whether is jury occurred in industry, in home, a in public Manner of injury IN HURIAL CHIMATION OR REMAYA Co med 12-18 1934 Nature of injury Date 21. Was disease or injury in and way related to occupation of deceased? ames astorie 19. INDERTAKER

(a) State M. L. (b) County 12 220 wn 3 effections
(If outside city or town limit, write RURAL and give town) (c) City or town Sired No. 7/1 / Will rail give beation) (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 20. DATE OF DEATH Sec 16 1939, at 24M 21. I certify that death occurred on the date above stated; that lattended deceased from All 4 1939, to fell 16 1939. and that I last saw h W alive on flee 15 1939. Immediate cause of death ( Chronic Meghalia) cardio vartelar renal Susan Due to tellin - 5 clevers Due to Other Conditions mulial & aski Jusuff teling PHYSICIAN (thelyde pregnancy within 8 months of death) t'nd rlin the Major findings: cause to which Of operations jeath should be harged tatis-Of autopsy 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (b) Date of occurrence

- (c) Where did injury occur?
- (City or town)
- (d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of place)
- (e) Means of injury Louis F. Krumulum.
- Address 722 N. Hewwood Date signed 14/

V==

63340	T-CITY OF BALTIMONE 63940
1. PLACE OF DEATH Home of Lucus CITY OF BALTIMORE: (No	a honoital or institution.
2 FULL NAME Sallie Estelle Gr	arc specify WAR specify WAR
(Usual place of abode)	(If non-resident give city or town and State)  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race  Junal  5. Single, Married, Widowed, or Divorced (write the word)  Williams  Sa. If married, widowed, or divorced  BUSBAND of Vinnantian (or) Wife of Vinnantian (or)	21. DATE OF DEATH (month, day, year)  22. I HEREBY CERTIFY, That I attended deceased from  25. 1937, to Parada 17. 1939.  I last saw have alive on December 16., 1939. Death is said
6. DATE OF BIRTH (month, day, year) 2 2 5=1889  7. AGE Years Months Days If LESS than I day, hrs. or min.	to have occurred on the date stated shove, at 95 a.m.  The principal cause of death and related causes of importance were as follows:  Authorizedurate Hout Duice 1/31
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc  10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other contributory causes of importances  (1937)
12. BIRTHPLACE (city or town)  (State or country)  13. NAME O COY  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Margaret Pechology  16. MAIDEN NAME Margaret Pechology	Was an operation performed?  For what discase or injury?  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?
16. BIRTHPLACE (city or town) Chance Calcal (State or country)  17. INFORMANT I Town for Successful (Address)  18. BURIAL, CRIMATION, OR REMOVAL  Piace Date Self 20, 18.  19. UNDERTAKER	Specify whether injury occurred in industry, in home, or in public place  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased
(Address) FOOF Calein F.	(Signed) W. Grafton Hersperger M. I

## CERTIFICATE OF DEATH 39

F 63941

Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State (b) County
(b) Street address	
(c) Hospital or institution:	(c) City or town Ballimon M. C
IT. Josepho Doop.	1 Street No. 24RIE Fayette St
(d) Length of stay in hospital or inst. (yrs., mos., or days/9 da.	(If rur@kive location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?
3 (a) FULL NAME Thomas F. Joy	
3 b) If veteran, name war  No. No Neurales	MEDICAL CERTIFICATION  20. DATE OF DEATH 12.17.39192:45 M
4. Sex 5. Color or race (5 (a) Single, married, widowed, or divorced. Marrie	21. I certify that death occurred on the date above stated; that lattended deceased from / 2
6 1 Name of husband or wife Wizaket Jung	and that I last saw h Malive on 12.17 199.
7. Birth date of deceased mo, day, yr Mosq 28- 1516	Immediate cause of desth Coralis Durstion Cu d'auf en vico obligherauxo. 1 4 r.
8 AGE: Years Months Days If less than one day	Brouchopueusionia saks.
63 6 19 hr. min.	Due to auteriockprotec ?
9. Birthplace Palver - 3 Mid to	Car disvascul av flio-
10. Usual Occupation Cy 2 wise C	Due to la lettes mellitus ?
11 Industry or business Course Course	Other Conditions
# 12 Name / From Long	(laclade pregnancy within 3 months of death)  PHYSICIAN
2 13. Birthplace	Major findings:
14 Maiden Name Don Lower	Of operations can be which feath to lit be
15. Birthplace	Of autopsy thealty.
16 (a) Informant Pino wealth war yet	22. If death was due to external causes, fill in the following:
1) Address 2421 & prayette 34	(a) Accident, suicide, or homicide
17 a Burnel, or removal) b Date thereof Sec 26, 1939 (month) (day) (year)	(c) Where did injury occur?  (Uity or town) (County) (State)
c Cemetery or crematory Jackwood	(d) Did injury occur about home, on farm, industrial place, in public
Location Larbrilly Md.	place? While at work? (Specify type of place)
18 (a) Funeral director form Alliet	(e) Means of infugy
(b) Address (LOOD Weller	23. Signature M. J
19 (a) (Database day registrar) Hanta to Millians MP	Address St. Josephis Horne signed
1 488	

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State M.C. (b) County	
(b) Sweet address 1 (alreit ) .	(c) City of town Munches flor - Popular (If outside city or town limits, write RURAL and	2008
(c) Hospital or institution:	(c) City of town Manches 10	d when town i
Mferry Heavital	112 \ Pater RY RO	<b>4 8 1 1 1 1 1 1 1 1 1 1</b>
3 fans	Mistreet No. 76.38 Rolv ESY RD	
d Length of stay in hospital or inst. (yrs., mos., or days)	15.712	
(c) Length of stay in Baltimore (yrs., mos., or days) 23 411.	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Horatio Robertungt		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	212 -
No. Pm.	20. DATE OF DEATH LICE. 17 19 34. at	1. 50 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; the	
11164 White divorced Matried	ed deceased from Wec. 14 1934, to Wec. 1	7 19 24.
6 b) Name of husband or wife Monnie Robitary h	and that I last saw h com alive on WIC. /6 1939	1.
6 (c) If alive, give age 60 years	to the same of death	Duration
	by postatie Promover :	2 days
7. Birth date of deceased (mo., day, yr.) Jefft. 4, 1870		
8. AGE: Years Months Days If less than one day	Due to Cardiac Necon persatin	Juls.
69 3 13/2 hr. min.		
9. Birthplace Hanre, Oa.	Due to Hypiatens is aferio -	
10. Usual Occupation I heet (as Motownand	schope C. V. Al	,
11. Industry or business Balts. I sass it (o.	Other Conditions	
11. Industry of Dukinesk 77 CC 1.		PHYSICIAN
12. Name William Robertange	(Include pregnancy within S months of death)	HISICIAN
13 Birthplace Marches ta, Md.		tinderline the
# 14 Maiden Name Rebecca Berroya	de	ath should be
H 14 Maiden Name		earged statis-
15. Birthplace Marcheste 1 Md.	OT actors)	
16 (a) Informant Mis Minny Pohelough	22. If death was due to external causes, fill in the follow	ring:
1 Address 463 8 Roberts Rel.	(a) Accident, suicide, or homicide	
17 10 Buriel (b) Da Phereof Nov 20/1939	(b) Date of occurrence	
	(c) Where did injury occur? (City or lown) (County)	(Htate)
(c) Cernetery or crematory, Parkusol	(d) Did injury occur about home, on farm, inclustrial place	ce, in public
Location Packyregle Mile	place? While at work?	
	(Specify type of place)	
18 (a) Funeral director John Records	23. Signature Wm. A. Marume	
(b) Address (Late & Chicam) 18.	23. Signature	M. P.
19 (a) Revietrar	Address Mercy Straget Date signed	14/1/2
(Date rec'd to registrar)	V T	

Registered No.

a Baltimore City Maryland			2. USUAL RESIDENCE OF DECEASED:	
	ddress 4940 or institution:	Eastern Avenue	(c) City or town Boltimore gelf out ide city or town limits, write RUI	tAl and give town)
(d) Length o	of atay in hospital o	y inst. (yrs., mos., or days 4 days (yrs., mos., or days) 11 fo	d Stracks 2815 Roselawn Ave.  If remarks to a first the straight t	years
3 (a) FULL N	AME ATTY Rey. Sr			
	ran, name war	3 (c) Social Security Account No. 213-07583	MEDICAL CERTIFICATION  20. DATE OF DEATH 12 16 - 115	9. m / A M
4. Sex	5, Color or race	6 (a) Single, married, widowed, or divorced Marri ed	21. I certify that death occurred on the date above at ed deceased from 12 12 19 34, to 12	ated, that lattend-
	of husband or wife	Irene	and that I last onw h similar on / 2 - 16	
7. Birth date	of deceased mo.,	day, yr May 20, 1888	Immediate cause of death  Gressia	Duration 2 ash
		Days If less than one day  26 hr min.	Due to Us. Glom. Replistis	5 Mes.
9 Birthplace 10. Usual Och II Industry	ccupation Dis	patcher	Other Conditions allelities of laft has	a ladens
E 12. Name	man 2 2 4 6		(Include pregnancy withing menths of death)	PHYSICIAN
13 Pirtle	place Va.		Major findings:	t adeal no tho
14. Maide 15. Birthy		Lewis	Of autopsy NOV Abus	harmed and -
	cremation, or remove etery or crematory tion	b) Date thereof 12-19 39  (b) Date thereof 12-19 39  (b) Moreband (Mary)  (c) (Mary)  (c) (Mary)  (c) (Mary)  (c) (Mary)  (day)  (pear)	(d) Did injury occur about home, on farm, industral place? While at w (Specify type of place)  (e) Means of injury  23. Signature of Macag he laster	ounty) (State) al place, in public

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH	
1. PLACE OF DEATH 40th St r Stony Sun Languegistered N	0
CITY OF BALTIMORE: (No. Jus Carry Colo St., 12 Ward)  a hospital give its of street a	h occurred in or Institution, NAME instead nd number.)
Length of residence in city or town where death occurred 2/yrs	n 2304 dn.
2. FULL NAME ARYLEWIS LONG If U.S. Veteran specify WAR	
(a) Residence: No. 1 USCANY CSTS St., Ward.	
(1) Residence: No.7. (Usual place of Abode) (If non-resident give city or to	wn and State)
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write, the word) 21. DATE OF DEATH (month, day, year) / 2/17	139.10
Ferrale While married 22. I HEREBY CERTIFY. That I attended	deceased from
Sa. If married, wildered, or divorced of party and to Alle	17 . 1939
	9. Death le mic
Dec 15 1800 have occurred on the date stated above, at 2 P.m.	
7. AGE Years Months Days If LESS than Importance were as tollows:	
The state of the s	Date of one
50 - 5 I day hra Carclinanya or min. Cannon Pele Duch	
. 1 8. I rade protession, or particular	
kind of work done, as spinner, Advisers of Samyer, bookkeeper, etc.  1. Industry or business in which	
work was done, as silk mill, saw mill, bank, etc.  Other contributory causes of importances	
saw mill, bank, etc.  18. Data deceased last worked at this occupation (month and most in this	
year) (contention)	
12. BIRTHPLACE (city or town) ST COULS! Was an operation performed? The of Stay	pt 172
1 For what disease or injury?	•-
13. NAME ( City or town) It Louis What test confirmed disconstitution in	
E 14. BIRTHPLACE (city or town) I a sure What test confirmed diagnostic times of Affection on	y un. We
22 lf death was due to external causes (Violence) ful	
15. MAIDEN NAME / August Toly la ident, suicide, or homicide? . Date of injury	, 19
Where did injury occur?	
Specify whether injury occurred in industry, in how	
IT. INFORMANT DANNER K	
(Address) Tex & Carrers aprile	
18. BURIAL, CREMATION, OR REMOVAL	
Place St Louis Mo Duley Dec 18. 1039 Nature of Injury	
He see the feet of the Wan disease or injury in any way related to occupa	tion of discussed
( Address) In C Chelle & Orthand Sto 11 m. 197 All	
tutes to Vellique M.P. (Signed) 10111971	. M. I
20. TOLO I MAN TO DESCRIPTION OF THE PROPERTY	an
Registrar. (Address) 140 of raget	

THE AREA PROPERTY.	2. USUAL RESIDENCE OF DECEASED:	
I. PLACE OF DEATH:	bu 1.	
(a) Baltimore City, Maryland 7 Tomiste ad 1	(a) State MA: (b) County	
b) Street address 172/ Homisklad 1.	(a) City or town Ballima	18
(c) Hospital or institution:	(c) City or town	and give town)
	1 1 7/ t	early
	Street No. 1 (If rural give location)	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	15	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A?	years
3 (a) FULL NAME Panie 6. Gertald		
in the second is	MEDICAL CERTIFICATION	
) (i) If veterall, many	20. DATE OF DEATH Lee 15 1939	at M
No.	20. DATE OF DEATH	d: that lattend
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state	115 1039
senale W. divorced. Wildow	ed deceased from for 6 1938, to die	39
	Cand that I last saw her alive on Sie 14 19	V. / .
6 (b) Name of husband or wife (Chap. 6 (c) If alive, give age years	Immediate cause of death () /	Duratios"
	Hemen	12 da
7. Birth date of deceased (mo., day, yr.) hor. /, 1861		21412
8. AGE: Years Months Days If less than one day	Due to Vistamiententelos	IN defale
78 1 14 hr. min.	Due to	
9. Birthplace Balto (Town, county, and state)		
9. Birthplace (Town, county, and state)	Due to	
10. Usual Occupation		
11. Industry or business Own Home	Other Conditions	-
11. Industry of Santa	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name offin Kern	Major findings:	Underline the
13. Birthplace termany	Of operations	. cause to which
		death should be charged statis-
14. Maiden Name	Of autopsy	tically.
15. Birthplace Germany 11 000	22. If death was due to external causes, fill in the fo	illowing:
16 (a) Informant Mass Jula Gerhald		
	(a) Accident, suicide, or homicide	
(b) Address / 2/ Homestand 12/19/30	g (b) Date of occurrence	
17 (a) 12 11 1 (b) Date thereof (month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	
(Burial, cremation, or removal)	(d) Did injury occur about home, on farm, industrial	place, in public
(c) Cernetery or crematory 13 200.	While at wo	rk?
Location Parth and Property	place? (Specify type of place)	
Al N (III A)	(e) Means of injury	- Harris - H
18 (a) Funeral director Trong To Carolina Control Cont	and Signature Beng & Hayden	
(b) Address 4101 6 amongsour	hullla Hill Deal and	med 12715/4
1960 a sept (b) At the for Hollians M	Address of Hater Rest Date on	and the
(Detwood by) strar)		1 /

#### 2. USUAL RESIDENCE OF DECEASED: (4) State 6 County (c) City or town limits, write RURAL and give town

(e) If foreign born, how long in U. S. A.?

#### MEDICAL CERTIFICATION

20. DATE OF DEATH A writer 16195 at 21. IHEREBY CERTIFY, That I took charge of the remains described above, held an line 1/24 thereon and from the evidence (Autopsy of Inquiry) find that said deceased came obtained by said

(Autopey or Inquiry) to death on the day stated above.

Immediate cause of death Duration Due to Other Conditions PHYSICIAN (Include programcy within 3 months of death) Major findings: Underline the Of operations au e to which death should be harged statis-Of autopsy

22. If death was due to external causes, fill in the following:

- a Accident, suicide, or homicide
- h Date of occurrence
- (c) Where did injury occur? 707 della (County) (Sta
- d Did injury occur about home, on farm, industrial place, in public place? with leverning While at work?. (Specify type of place)
- ( Means of injury second would fee a
- 23. Signature / War La Style Examiner M.D

Date signed, 2. 59

VS

63948
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## CERTIFICATE OF DEATH

Registered £3948

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Mid (b) County Ball.	
(b) Street address		
(c) Hospital or institution:	(c) City or town Ballymore Mr outside city or town limits, write RURAL	and give town)
Union momenal askital	(1) Street No. 210 - St. Paul Street	
(d) Length of stay in hospital or inst. (peo, mos., or days) Selection	(If rural give location)	
(e) Length of stay in Baltimore (yrs., mos., or days). YLCANS.	(e) If foreign born, how long in U. S. A.?	yeard
3 a FULL NAME Susie Blondel VanFelt Spon	encer	V
3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH LLC. 17 1939	at 3:37.PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	
E W divorced married	ed deceased from Rec. 9 1939, to Die	
6 (b) Name of husband or wife Ishn O Spencer	and that I last saw her alive on Dec. 17 19 39.	
6 (c) If alive, give age & years		Duration
7. Birth date of deceased (mo., day, yr.) Jun 15, 1870	Immediate cause of death figuregrhage	5 days
8. AGE: Years   Months   Days   If less than one day		
69 11 2 hz. min.	Due to . Hypertenna - C - V direce	years
9. Birthplace Brothlyn her york (Town, county, and state)	Due to Couse workmans.	
10. Usual Occupation Konscurft 12		
11. Industry or business	Other Conditions Desbette sa loss, acute	
12. Name John V. Van Pelt	(Include pregnancy within 8 months of death)	PHYSICIAN
13. Birthplace new york	Major findings:	Underline the
14. Maiden Name Josephine Miller	Of operations	death should be
	04	charged statis-
	Of autopsy	tinally.
16 (a) Informant dangetter	22. If death was due to external causes, fill in the foll	owing:
(6) Address 210 ft. Poul St. City	(a) Accident, suicide, or homicide	• • • • • • • • • • • • • • • • • • • •
17 (a) Bull Date thereof /2- 19-39	(b) Date of occurrence	••
(Burial, cremation, or removal (month) (day) (year)	(t'ity or town) (Count	
(c) Cemetery or compatory Meeting (entry	(d) Did injury occur about home, on farm, industrial p	
Location - Cooking for f	place? While at work	
18 (a) Funeral director to face attitle title	(e) Means of injury	-0
(b) Address 900 testaw Place	23. Signature & lecturing & Chata	d
19 (a) to Million to Million Million Million Million Million To Million Millio	Address Owin Memorial Hop Date signs	12/17/39
0 200		

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) long ln U. S. If of foreign birth?.....yrs.....mos.....ds. If U. S. Veteran specify WAR (a) Residence: No. (If non-resident give gity or town and State) place of abode MEDICAL CERTIFICATE OF DEATH O PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 4. Color or Race 21. DATE OF DEATH (month, day, year) Sa. If married, widowed, or divorced HUSHAND of WIFE of I BEREBY CERTIFY, That I stended deceased from marries 16 I last saw h. alive on 19. 3.7 . Death is said to have occurred on the date stated above, at 2 6. DATE OF BIRTH (month, day, year) The principal cause of death and reinted causes of If LESS than Days 1 day, bra. min. instructions 8. Timle, profession, or particular OCCUPATION kind of work done, as spinner, anwyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Other contributory causes of importance: 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and occupation. yearl plain 12. RIRTHPLACE (city or town) Was an operation performed? (State or country) For what disease or injury? Name of operation: What test confirmed diagnosis? (State or country, 23. If death was due to external courses (violence) fill in also the fullowing: 11. MATDEN NAME Accident, suicide, or homiside?... Date of Injury. 16. BIRTHPLACE (city or to Where did injury occur?. (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry, in home, or in public Manner of injury. 24. Was disease or injury in any way related to population of deceased? Tuiling for Hollians who the other

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	
(b) Street address Broalway & Fairmout	(a) State Many aust () County
c Hospital or institution:	(c) City or town Battimon
Thurch Thome & Informary	(If outside city or town II
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days	& sylection & 40 Park
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.	( If foreign born, how long in U. S
3 (a) FULL NAME LL. Levye / Hayde Bromb	Ly.
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERT
- m No. mo.	20. DATE OF DEATH Altenber
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the
mely White divorced married	ed deceased from 11 2 F 19
The Doland Balance	
6 (b) Name of husband or wiften Pearla Jose Bromby 6 (c) If alive Live age 6 5 years	and that I last saw h alive on !
	Theant frieden , be
7. Birth date of deceased (mo., day, yr.) May 12, 1872	
8 AGE: Years Months Days If Yess than one day	idena.
67 7 5 hr. min.	Due to Stygenturaine ca
9. Birthplace	discharge !
(Town, county, and state)	Due to arterioseleroni
10. Usual Occupation Music Profession	21. 11
11. Industry or business	Other Conditions Pleural of
12. Name Captain Deog Hayle Browly	(Include prognancy within 3 month
	Major findings:
13 Birthplace Leveling County, and	Of operations
14 Maiden Name Mayore the Mandrey	
15. Birthplace France	Of autopsy
16 a Informant Hospital Chart	22. If death was due to external caus
(b) Address	(a) Accident, suicide, or homicide
2 11 10 20	(b) Date of occurrence
(Burial, cremation, or removed)  (Burial, cremation, or removed)	(c) Where did injury occur?
(c) Cemetery er dephatory Wrund Vilago	(d) Did injury occur about home, on
Location Tablewille Mis.	place?
18 (a) Funeral director tolar Countriell Con	Specify type of place)  (e) Means of injury,
DE Address 1900 Certain Phase	23. Signature
10 10 h Hutactor Milianis	10 014 .71
(Date to Charles and And Registrar	Address I was the Free

(a) State Zusan	faist () County -	
	Baltimore	
(If e	8 40 Park avenue 11 rural give location	RAL and give town)
S S S S S S S S S S S S S S S S S S S	If rural give location	n)
(a) If foreign born	n, how long in U.S.A? 22	year

MEDICAL CERTIFICATION 20. DATE OF DEATH Altenber 12 1939, at 2:15 @.M. 21. I certify that death occurred on the date above stated, that lattend-

ed deceased from 11/28 1939, to 12/17 1939, and that I last saw him alive on 12/17 1939.		
Immediate cause of death The ant finders, pulmorary idense.	Duration 1 would	
Due to artirioselerovis	you?	
Other Conditions Pleural of fusion.	PHYSICIAN	
Major findings:  Of operations	Underline the came to which death should be charged statis-	
Of autopsy	tically	

(a) Accident, suicide, or homicide (b) Date of occurrence (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public While at work? place? (e) Means of injury

22, If death was due to external causes, fill in the following:

23. Signature

#### F 63951 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

### 63951

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 042 S. DELL ORL AVE. (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  SALIIORE  (If outside city or town limits, write RURAL and give town)	
d) Length of stay in hospital or inst. (yrs., mos., or days)	d) Street No. 642 S.DELNURD AVE.  (If rural give location)  (If foreign born, how long in U. S. A.)  LIFE years	
3 a FULL NAME CHARLES H. ADURA		
3 (b) If veteran, name war No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC. 1939, at 3 FM.M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. 1100WER  6 (b) Name of husband or wife LILL. ADURI	21. I certify that death occurred on the date above stated; that lattended deceased from 4/1/1939. to 15/1939. and that I last saw him alive on 12/1 1939.	
7. Birth date of deceased (mo, day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death Uremic Coma Duration 2 days	
9 Birthplace BALTI ORE MD.  (Town, county, and state)  10. Usual Occupation EIGINEER UL FOLICE  11. Industry or business BOAT.	Due to Carcinona of Prostate  Due to  Other Conditions	
12. Name LLLLIA ADURIN  13. Birthplace DALTU.MD.  14. Maiden Name MARGARET STANTON  15. Birthplace ELGLAND	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Underline the ause to which death should be charged statistically.	
16 (a) Informant UNARUES ABUK. SUN  (b) Address 2/2, FAIT AVE.	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide	
(Burial, cremation, or removal)  (C) Cemetery or crematory  (C) Complete or Co	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place?  While at work? (Specify type of place)	
19 (a) Date rec'd by registrar)  (b)  (c)  (c)  (d)  (d)  (Date rec'd by registrar)	Address 401 F. 25th. St. Date signed 2/18/39	

### F 63252

write the causes of death clearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

A PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address  4940 Eastern Avenue  c) Hospital or institution:  paltimore City Hospitals  d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days  (e) Length of stay in Baltimore (yrs., mos., or days) 1116	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  (c) City or town Baltimore  (If outside city or town limit, write RURAL and give town limit (b) Street No. 307 Scott St.  (c) If foreign born, how long in U. S. A.? year	
John Carey  3 (b) If veteran, name war  3 (c) Social Security Account	MEDICAL CERTIFICATION  20. DATE OF DEATH /2 - /6 139. at 37. M	
No.  4. Sex  5. Color or race  Male  White  6 (a) Single, married, widowed, or divorced. Single  6 (b) Name of hueband or wife	21. I certify that death occurred on the date above stated; that lattended deceased from 12-13 1937, to 12-161939 and that I last saw by malive on 12-15 1939.	
7. Birth date of deceased mo., day, yr. Oct. 17, 1876  8. AGE: Years Months Days If less than one day  63 1 29 hr. min.	Bunga prostatie hypertrophy?	
9. Birthplace Md. (Town, county, and state)  10. Usual Occupation factory work  11. Industry or business unemployed 30 yrs.	Due to Other Conditions	
12. Name Whi. 13. Birthplace Md.	(Include pregnancy within a north of death)  Major findings:  Of operations  Of operations	
14 Maiden Name Md •  15. Birthplace Md •  16 a Informant Records	Of autopsy  22. If death was due to external causes, fill in the following:	
17 (a Burial (b) Date thereof 12/19/39 (Burial, cremation, or removal) (c) Cemetery or crematory Deday Huff Location Ballimone, Maliana, M	(a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address Saldo City, Work, Date signed 2-16.	

F 63953

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State MD (b) County
(b) Street address	(a) Situation BALTIMORE
(a) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
Cleurch Home + Jufarmary	ASKENO. 1503 E. LOMBARD St
	(If rural give location)
(d) Length of stay in hospital or inst. (yrs., mos., or days) H days	1/^
(e) Length of stay in Baltimore (yra., mos., or days) 40 yrs	(e) If foreign born, how long in U. S. A.?
MRS MARGARET RAINEY	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH DECEMBER 171939, at 10 10AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21, I certify that death occurred on the date above stated; that I attend-
F W disposed	ed deceased from DEC 14 19.39, to DEC 17 1939.
6 b) Name of husband or wife Wick Rainey	and that I last saw hER alive on DEC 17 19 27.
6 (c) If alive, give age Lycars	
7. Birth date of deceased (mo., day, yr.) MAY 15, 1891	RIGHERAL SRONCHO INEUMONIA
8. AGE: Years Months Days If less than one day	E MULTIPLE PULMONARY
4870 6 29 hr. min.	Due to AISSCESSES
	avne
9. Birthplace TUSSIA (Town, county, and state)	Due to
10. Vaual Occupation COMPANION	
11. Industry or business	Other Conditions BRONCHIE CTASIS
EL SASEPH LEVAN	PHYSICIAN
12. Name VOSEPH LEVAN  13. Birthplace PUSSIA	(Include pregnancy within 3 months of death)  Major findings:
13 Birthplace // USS/A	Of operations Underline the
14. Maiden Name UNKNOWN	C SUSUMONIA death should be
15. Birthplace PUSSIA	Of autopsy Scherosts OF AORTA Charged statistically.
16 a Informant Sadie Meinfeld	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
(b) Address 1903 6 7 1016	(b) Date of occurrence
12 Burial Cremation, or removal) Date thereof 2-18-39 (Burial, cremation, or removal)	(c) Where did injury occur? (City or town) (Counts) (State)
(c) Cometery or cremato telever Bund South	(d) Did injury occur about home, on farm, industrial place, in public
hot carrel	place? While at work?
Location Louis & Francisco	(Specify type of place)
18 (a) Funeral director y Child	(e) Means of injury
(b) Address 1777 6	23. Signature. A O'LLL A. M. D.
Date rec'd by registrar	Address Causele House & Date signed 12-17-39
Date let d by registral	The second secon

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

. PLACE OF DEATH.	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH: (a) Baltimore City, Maryland	(a) State MD. (b) County	
	(a) State 1 7 (b) county	
(b) Street address	(c) City or town BALTIMORE (If outside city or town limits, write RUBAL)	and give town)
(c) Hospital or institution:	1 2809 & Bidd	1e
Merry Hospital	(c) City or town (If outside city or town limits, write RU)(AI)  (d) Spectalon. 2809 E. Bid 4  (if rural give location)	
(d) Length of stay in hospital or inst. (yrs., mos., or days)		yeare
(e) Length of stay in Baltimore (yrs., mos., or days) // W.S.	(If If foreign born, how long in U. S. A.?	
3 (a) FULL NAME BASY BOY MATTUCCI		
3 (c) Social Security Account	MEDICAL CERTIFICATION	D'
3 (b) If veteran, name war  No. NetWhous	20. DATE OF DEATH December 16 139	. at 8 - 45 P.M
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	as a sit of a local assured on the date above state	d; that lattend-
MDIE WHITE divorced SINGLE	ed deceased from / 2 - /6 . 1937 , to /2	10 17.
WHILE WIT	and that I last saw h/2/ slive on /2-/6 19	34,
6 (c) If alive, give age years	Immediate cause of death	Durotion
	Prematurity	
7. Birth date of deceased (mo., day, yr.) 12 - 16 - 37  8. AGE: Years Months Days If less than one day	34 walks	-
8. AGE: Years Months Days If less than one day	Due to	
Butholece Baltimore, md.		
9. Birthplace (Town, county, and state)	Due to	
10 Usual Occupation all pour .		
II I ductor or business	Other Conditions	PUVEICIAN
11. Mane FREDRICK MATTUCCI	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name. J JACY	Major findings:	tinderline the
13. Birthplace PISENTI, DELLA NOCE	Of operations	death should be
14. Maiden Name ELEANOR DELENOCE		charged statis-
B YDITIMONE, M.D.	Of autopsy (ill in the f	
E / PHPOR III	22. If death was due to external causes, fill in the f	
Address -/XO / Y . KI DULE	(a) Accident, suicide, or homicide	
17 (a) BUY12 (b) Date thereof Dec. 18-39 (month) (duy) (yuar	(b) Date of occurrence (c) Where did injury occur? (City or town) (Co	
(flurial, cremation, or removal) (month) (day) (year	(City or town) (Con industrial	anty) (State)
(c) Cemetery or crematory / bly / educations	(d) Did injury occur about home, on farm, industria	ork?
Location Belgin Red . 72	place? (Specify type of place)	1 1
Transle Diese Diese	(e) Means of injurys	611/
S N. HIOTELL PT	23. Signaturo Charley A Hist	Malle
10 10 10 30 Huntington Williams, Mil	man landitul sur	igned 2-16-3/
Registrar	Address pary Date	

F 63955  BALTIMORE CITY HE CERTIFICATE	
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address (c) Hospital or institution;  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	(a) State (If out ide (d) Street No.7 0 5
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security Account	ME.D
6 (a) Single, married, wydowed, or divorced.  6 (b) Name of husband or wife  6 (c) If alive, give are years	20. DATE OF DEATH  21. I certify that death of ed deceased from  and that I last saw h  Immediate cause of death
7. Birth date of deceased mo., day, yr.) DCX 27 1887  8. AGE: Years   Months   Days   If less than one day   min.  9. Birthplace	Due to Jenny
10. Usual Occupation 11. Industry or hysiness  12. Name	Other Conditions
13. Birthplace / a  14. Maiden Name Many Roberts	Major findings: Of operations Of autopsy
	If death was due to (d) Accident, suicide, of (b) Date of occurrence (c) Where did injury oc

### ATE OF DEATH 2. USUAL RESIDENCE OF DECEASED: (c) City or town 05 Louis Hill and (e) If foreign born, how long in U. S. A.? years MEDICAL CERTIFICATION 20. DATE OF DEATH / 2 - 15 - HY, at 7 A M 21. I certify that death occurred on the date above stated; that lattended deceased from //-10 1939. to /2-15 1939. and that I last saw h Salive on 12-14-19 & 4. PHYSICIAN (Include pregnancy within 3 months of death) Major findings: Underline the Of operations ause to which leath should be charged statis-Of autopsy If death was due to external causes, fill in the following: (d) Accident, suicide, or homicide b) Date of occurrence (c) Where did injury occur? (City or lown) (County) With all Did injury occur about home, on farm, industrial place, in public While at work? (e) Means of inpu

18 (a) Funeral director Mrs Katit. A

HEALTH DEPARTMENT-CITY OF BALTIMORE **63956** CERTIFICATE OF DEATH 1. PLACE OF DEATH CITY OF BALTIMORE: (No. Length of residence in city or town where death occurred \_\_yrs, \_\_mos \_\_ds. How long in U S. If of foreign birth?\_\_yrs, \_\_mos \_\_ds, Thus me Kenitt (a) Residence: No. 1726 Harland (Unual place of abesie) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH (month, day, year) Dec . -17-1.939 5. Single, Married, Widowed, ir Diversed (write the word) married 4. Color or Race 3. SEX male white Sa. If married, widowed, or divorced HI SBAND of Marrie I last now he alive on Dec. 17 T. McEnroe Mary to have occurred on the date stated above, at 10 40 AM (or) WIFE of 6. DATE OF BIRTH (month, day, year) July-25-1880 The principal rause of death and related causes of If LESS then importance were as follows; Days Months T. AGE 1 day .....bra. 59Yrs. 4Mo. 22Davs Corany occlusion or min. s. Trade, profession, or particular City Inspector kind of work done, as spinner, as uper, bookkeeper, etc. 9. Industry or business in which work was done, as ailk milly min mill, bank, etc. H. Total time (years) to, linte decemed last worked at this occupation (month and occupation Balto. Md. 12. HIRTHPLACE (city or town) Was an operation performed!-(State or country) For what disease or injury? Edward | cKevitt 13. NAME Name of operation Treland What test confirmed diagnosis? 14. BIRTHPLACE (city or town 23. If death was due to external causes (violence) fill in also the fol-(State or country) Accident, suicide, or homicide? .... Sarah Walsh 15. MAIDEN NAME Phila. Pa. Where did Injury occur? (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public 16. BIRTHPLACE (city or town). (State or country) Mary T. McKevitt 17. INPORMANT Harford Ave. Manner of Injury (Address) 15. BURDAL, CREMATION, OR REMOVAL Dec .-20-1939 Suture of Inpur Holy Redeemer Cem. 24. Was disease or injury in any way related to occupation of decoused?

Hutington Milliams Alliams

130108

Registered No. ..... a hospital or institution, give its NAME instead of street and number.) If U. S. Veteran specify WAR (If non-resident give city or town and State) 1 HEREBY CERTIFY, That I attended deceased from , 19.29, to Dec. 17 ... 19.31 Douth to maid Date of enget Was there an autopsy? Date of lajury ...

2. USUAL RESIDENCE OF DECEASED:

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Wed (b) County
b) Street address 802 some bril ere-	0
(c) Hospital or institution:	(c) City or town Sattemers.
() Hospital of mateuron.	ilf outside its or town limits, write RURAL and give town)
	1 sie No. 802 Druid Hill are
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If riral give location)
1 - 1 - 1 - 1	1/4 - 1 1 1 1 1 1 5 A 2
(e) Length of stay in Baltimore (yrs., mos., or days) + 1970	e If foreign born, how long in U. S. A.?
3 1 FULL NAME you Banks	
3 b If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH New 15, 1937 . at 10:30 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	
divorced.	21. I certify that death occurred on the date above stated; that lattend-
Wale Colored Warried	ed deceased text 8 il 1939. to dec 15 1939.
6 1) Name of husband or wife Cligabeth Banks	and that Wast saw htmaslive or W, 1939.
6 c Il dive, give age 55 years	Immediate cause of death & excepts of therition
7. Birth date of decensed mo., day, yr. Mich. 5. 1874	I the World Small
	Two moles of
	Due when Konse R
65 9 10 hr. min.	192/
9. Birthplace la jandria ta	and a
(Lown, county, and state)	Due to
10. Usual Occupation	The same of the sa
11. Industry or business	Other Conditions Will Kerry
5 Villion.	PHYSICIAN PHYSICIAN
12. Name	Major intomas:
13 Birthplace	Of operations aute to which
# 14 Maiden Name	denth should be
	Of autopsy tically.
15. Birthplace	Vi dato 199
16 a Informant begately to anics	22.11 death was due to external causes, fill in the following:
1) Address 802 Arried will are-	(a) Accident, suicide, or homicide
10 1 119-18-3	(a) Accident, suicide, or nonneide  (b) Date of occurrence  (c) Where did injury occur?
(Barial, cremation, or removal) (month) (car) (year)	(c) Where did injury occur?
macalian	(d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory	With the second ?
Location Prooperly 1	(Specify type of place)
18 (a) Funeral director Clascellus Halale	Means of injury / Page 1
	1 23 Signature Tites Silver
(b) Address 1 1 2 5 cm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. Signature of M. D.
Of all Muta to Mucay My	Address 924 Marchon we Date signed 12/15,39

# CERTIFICATE OF DEATH



	0. 116	THE BEST ONCE OF DECEASED	
. PLACE OF DEATH:	2. 03	UAL RESIDENCE OF DECEASED:	
a) Baltimore City, Maryland	(a) S	tate Maryland, County	
b) Street address 4940 Eastern Aven		Dol Manna	
c) Hospital or institution:	(c) C	ity or town Baltimore (If outside city or town limits,	write RURAL and give town
Baltimore City Hospital	8		
		722 Pennsylvan	11a AVO.
d Length of stay in hospital or inst. (yrs., mos., or	days) Ludys		
e) Length of stay in Baltimore (yrs., mos., or days	life (e) 1	foreign born, how long in U. S. A.?	year
(a) FULL NAME			
Charles Jackson			
3 (b) If veteran, name war 3 (c) Social S.	ecunty Account	MEDICAL CERTIFIC	ATION
No.	20. 0	ATE OF DEATH December 13	3 19 39 , at 4 35 AM
1. Sex 5. Color or race 6 a Single, marri	ed, widowed, or 71 1	certify that death occurred on the date	above stated, that lattend-
Male Colored divorced sing	le	eceased from Dec. 11 1939	10 Ucc. 13 1939.
	and	that I last saw h im alive on the	10.13 19 34
(b) Name of husband or wife 6 (c) If alive, give		djate cause of death	Duration
		Kung alicess	I week.
7. Birth date of deceased mo., day, yr Sept.		, and a	
	and day		
05 0 05	han one day		
B AGE: Years Months Days If less the Second	min. Due	to	
25 2 27 hr.	min. Due		
25 2 27 hr.  9 Birthplace Md. (Town, county, and ste	min. Due		
25 2 27 hr.  9 Birthplace Md.  (Town, county, and state) 10. Usual Occupation unknown	min. Due	to	oven
25 2 27 hr.  9 Birthplace Md. (Town, county, and ste	min. Due		
25 2 27 hr.  9 Birthplace Md.  (Town, county, and state) 10. Usual Occupation unknown 11. Industry or business	min. Due	to	PHYSICIAN
25 2 27 hr.  9 Birthplace Md.  10 Usual Occupation unknown  11. Industry or business  12. Name Harrison	min. Due	to er Conditions	PHYSICIAN Underline the
25 2 27 hr.  9 Birthplace Md.  (Town, county, and state) 10. Usual Occupation unknown 11. Industry or business  12. Name Harrison  13. Birthplace Unknown	min. Due  Other	to cr Conditions  ilnclude pregnancy within 3 months of	PHYSICIAN Underline the
25 2 27 hr.  9 Birthplace Md.  (Town, county, and state) 10. Usual Occupation unknown 11. Industry or business  12. Name Harrison  13. Birthplace Unknown	min. Due Othe	r Conditions  Unclude pregnancy within 3 months of or findings: operations	PHYSICIAN Underline the cause to which death should be
25 2 27 hr.  9 Birthplace Md.  10 Usual Occupation unknown  11. Industry or business  12. Name Harrison  13 Birthplace Unknown  14 Maiden Name unknown	min. Due Othe	to er Conditions  Unclude pregnancy within 3 months of or findings: operations autopsy Lucy abuse.	PHYSICIAN Underline the cause to which death should be harged satistically.
25 2 27 hr.  9 Birthplace Md.  10 Usual Occupation unknown  11. Industry or business  12. Name Harrison  13. Birthplace Unknown  14. Maiden Name unknown  15. Birthplace unknown	min. Due Othe	to cr Conditions  Unclude pregnancy within 3 months of or findings:	PHYSICIAN Underline the cause to which death should be harged satistically.
25 2 27 hr.  9 Birthplace Md.  10. Usual Occupation unknown  11. Industry or business  12. Name Harrison  13. Birthplace Unknown  14. Maiden Name unknown  15. Birthplace unknown  16. 6 Informant Records	min. Due Other	to er Conditions  Unclude pregnancy within 3 months of or findings: operations autopsy Lucy abuse.	PHYSICIAN Underline the cause to which death should be charged state tically.
25 2 27 hr.  9 Birthplace Md.  10. Usual Occupation unknown  11. Industry or business  12. Name Harrison  13. Birthplace Unknown  14. Maiden Name unknown  15. Birthplace unknown  16. Informant Records  b Address Baltimore City Hosp	min. Due Other	r Conditions  Unclude pregnancy within 3 months of or findings: operations  autopsy Lucy alaus.  I death was due to external causes,	PHYSICIAN Underline the cause to which death should be charged state tically.
25 2 27 hr.  9 Birthplace Md.  10. Usual Occupation unknown  11. Industry or business  12. Name Harrison  13. Birthplace Unknown  14. Maiden Name unknown  15. Birthplace unknown  16 a Informant Records  b Address Baltimore City Hosp	min.  Due  Other  Off  22. 1  (a)  (b)	re Conditions  Include programmy within 8 months of or findings: operations  autopsy Lung Duum.  I death was due to external causes, 1  Accident, suicide, or homicide  Date of occurrence  Where did injury occur?	PHYSICIAN  Underline the cause to which death should be charged statistically.  fill in the following:
25 2 27 hr.  9 Birthplace Md.  10 Usual Occupation unknown  11 Industry or business  12 Name Harrison  13 Birthplace Unknown  14 Maiden Name unknown  15 Birthplace unknown  16 a Informant Records  b Address Baltimore City Hosp  17 a b Date thereof (me)	min.  Due  Other  Other	r Conditions  Include pregnancy within 3 months of or findings: operations  autopsy Lucy obuss.  f death was due to external causes, faccident, suicide, or homicide.  Date of occurrence.  Where did injury occur?  (City or town)	PHYSICIAN  Underline the cause to which death should be charged statistically.  full in the following:
25 2 27 hr.  9 Birthplace Md.  10 Usual Occupation unknown  11 Industry or business  12 Name Harrison  13 Birthplace Unknown  14 Maiden Name unknown  15 Birthplace unknown  16 a Informant Records  b Address Baltimore City Hosp  17 a b Date thereof (me	min.  Due  Other  Other	r Conditions  Include pregnancy within 3 months of or findings: operations  autopsy Lung obuss.  f death was due to external causes, the condent, suicide, or homicide  Date of occurrence  Where did injury occur?  (City or town)	PHYSICIAN  Underline the case to which death should be sharged states tically.  fill in the following:
25 2 27 hr.  Birthplace Md.  (Town, county, and state)  10. Usual Occupation unknown  11. Industry or business  12. Name Harrison  13. Birthplace Unknown  14. Maiden Name unknown  15. Birthplace unknown  16. Informant Records  16. Address Baltimore City Hosp  17. (a) (Burial, cremation, or removal)	min.  Due  Other  Other	r Conditions  Include programmy within 3 months of or findings: operations  autopsy Lung abuss.  I death was due to external causes, Accident, suicide, or homicide Date of occurrence Where did injury occur?  (City or town)  Did injury occur about home, on farm	PHYSICIAN  Underline the cause to which death should be charged intractically.  full in the following:
9 Birthplace  10. Usual Occupation unknown  11. Industry or business  12. Name Harrison  13. Birthplace Unknown  14. Maiden Name unknown  15. Birthplace unknown  16. a Informant Records  (b) Address Baltimore City Hosp  17. a b Date thereof (medical content of the content of	min.  Due  Other  Other	r Conditions  Include pregnancy within 3 months of or findings: operations  autopsy Lucy Olium.  I death was due to external causes, the condent, suicide, or homicide.  Date of occurrence.  Where did injury occur?  (City or town place)  (Specify type of place)	PHYSICIAN  Underline the cause to which death should be sharged statistically.  fill in the following:
25 2 27 hr.  9 Birthplace  10 Usual Occupation unknown  11 Industry or business  12 Name Harrison  13 Birthplace Unknown  14 Maiden Name unknown  15 Birthplace unknown  16 a Informant Records  (b) Address Baltimore City Hosp  (c) Cemetery or crematory W. Out Location Westport  18 a Funeral director Localing	min.  Due  Other  Other	r Conditions  Include pregnancy within 3 months of or findings: operations  autopsy Lung Olium.  I death was due to external causes, the Accident, suicide, or homicide.  Date of occurrence.  Where did injury occur?  Oid injury occur about home, on farm place?  (Specify type of place)  Means of injury.	PHYSICIAN  Underline the cause to which death should be sharged statistically.  fill in the following:
25 2 27 hr.  9 Birthplace Md.  10 Usual Occupation unknown  11 Industry or business  12 Name Harrison  13 Birthplace Unknown  14 Maiden Name unknown  15 Birthplace unknown  16 a Informant Records  b Address Baltimore City Hosp  17 a b Date thereof a Burial, cremation, or removal)  (c) Cemetery or crematory Marketing Control of C	min.  Due  Other  Other	r Conditions  Include pregnancy within 3 months of or findings: operations  autopsy Lucy Olium.  I death was due to external causes, the condent, suicide, or homicide.  Date of occurrence.  Where did injury occur?  (City or town place)  (Specify type of place)	PHYSICIAN  Underline the cause to which death should be sharged statistically.  fill in the following:

2. USUAL RESIDENCE OF DECEASED: (a) State M.D (b) County City or pur Baltimore 717 DRUID Hill AYE (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION 20. DATE OF DEATH DEC-16 1939, at 340 M 21. I certify that death occurred on the date above stated; that lattended deceased from LLC 1 1939 to Dec 16 1939. and that I last saw h | Malive on Dec 16 1939 Duration Immediate cause of death ac. Henryhagic hyphritis 3 weeks Due to Due to Loughth Other Conditions Thromboulelites PHYSICIAN Major findings: Of operations Of autopay On glowing nighties 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide b) Date of occurrence... (c) Where did injury occur? (City or town) d) Did injury occur about home, on farm, industrial place, in public While at work? (Specify type of piace) (e) Means of injury 23. Signature D. M. Welt. Address Johns Hopling Has Date signed

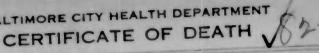
Physicians: please write the causes of death clearly and legibly.

correct age is especially important.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland		
(b) Street address 15/4 Chinston SV	(a) State Md. (b) County Balto -	
(a) Manufacture in administration	(c) City or town Saltina ore	
Prondent Hosketal	(If outside city or town limits, write RURAL and give town)	
	Street No. 556 Oxford Al.	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 day	of rury give location)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Mree Clo	uk	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH / 2- 16 - 1939, at 3, 50 M	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or		
Wale Colored divorced narried	21. I certify that death occurred on the date above stated; that lattend-	
6 (b) Name of husband or wife annie C.	ed deceased from /2-/2 - 1939. to /2-/6-1959	
6 (c) If alive, give age years	and that I last saw han alive on /2-16-1937.	
	Impediate cause of death	
7. Birth date of deceased (mo., day, yr.) 2/22/96	Jobar Meumonia Sdar	
6. AGE: Years Months Days If less than one day	Rt. Shower that 10.	
43 9 24 hr. min.	Due to	
9. Birthplace Detectory, Na.	especiale.	
(Town Munty, and state)	Due to	
10. Usual Occupation & Over		
11. Industry or business	Other Conditions	
12. Name Jama J. Clark	(Include pregnancy within 3 months of death)	
13. Birthplay Octerstay, Na.	Major findings:	
	Of operations cause to which	
14. Maiden Name	death should be	
15. Birthplace Olleratory, Va,	Of autopsy No autopoxy charged statis-	
16 (a) Informant annie Welseke	22. If death was due to external causes, fill in the following:	
(b) Address 3 3 3 & Mercury 1h.	(a) Accident, suicide, or homicide	
17 (a) Burial (b) Date thereof 1/2/18/39	(b) Date of occurrence	
(Buriai, cremation, or removal) (month) (day) year)	(c) Where did injury occur? (City or town) (County) (State)	
(c) Cemetery or cremator believing 110 as	(d) Did injury occur about home, on farm, industrial place, in public	
Location Delevating, Man	place) While at work)	
18 (a) Funeral director to Sur Sh Stallas	(Specify type of place)	
163. 0 40.11710	(e) Means of injury	
(b) Address Company Comments	23. Signature. Coll of Maloney	
Dale ord by reduleur (6)	Address Provident Date signed 12/17/	
The same of the sa	Heatertal 13	

	2. USUAL RESIDENCE OF DECEASED:	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State (300) (b) County	
6 Street address 9 18 Parke and	- Bit	
(c) Hospital or institution:	(c) City town Cally (If outside city or town limits, write RU)	tAI, and give town
	0,50	
	Street No. Ila Park ave	n)
d Length of stay in hospital or inst. (yrs., mos., or days)	THE TURBLE TO SELECT	•• 7
(e) Length of stay in Bayimore (18, mos., or days)	(e) If foreign born, how long in U. S. A.?	year year
3 (a) FULL NAME John Lock	Cey,	
3 (b) If veteran, pame war 3 (c) Social Security Acce	1 10 1 1 7	018
No.	20. DATE OF DEATH VEW / 3 199	7.00 N
4. Sex 5. Color or race 6 (a) Single, married, widowed divorced.	21. I certify that death occurred on the date abovy of	ated; that lattend
male bol married	ed deceased from 711 1999, to	1999
6 (b) Name of husband or wife Curio dochle	and that I last saw he alive on AU M.	19 07.
6 (c) If alive, give age	mrsediate cause of death.	Duration
7. Birth date of deceased (mo., day, yr.) 18	80 Breeze gropery	3 day
8. AGE: Years   Months   Days   If less than one day		
24. 1 -	min. Due to the lab and the	- I have and
5960 hr.	Reference	and,
9. Birthplace mindelest da (Town, county, and state)	Due to	
10. Usual Occupation Carpenter		
11. Industry or business	Other Conditions	-
		PHYSICIAN
12. Name Till gar, Inching	(Include prognancy within 8 months of death)	
13. Birthplace	Major findings: Of operations	Underline the
21 V/ddo	Of operations	death should b
14. Maiden Name Williams		charged statis
15. Birthplace // / t	Of autopsy	tically.
16 (a) Informant Lucio Luckling	22. If death was due to external causes, fill in the	tollowing:
(b) Address 718 Parke and	(a) Accident, suicide, or homicide	
110 1182	(b) Date of occurrence	
(Rurial, comation, or removal) (month) (fay)	(c) Where did injury occur?	ounty) (State)
(a) Complete or complete	(d) Did injury occur about home, on farm, industri	
(c) Cemetery or crematory.	place? While at w	
Location Miller Forms	(Specify type of place)	
16 (a) Funeral director Law to Bellemine	(e) Means of injury	
1. Address 127 me mount to	23. Signature. (.C. )	¥ 57
186 10 30 (b) 1 - WH - WAR	to the short	signed 17/16
Registra	Address / Date	++
V83		/

### BALTIMORE CITY HEALTH DEPARTMENT





PLACE OF DEATH:	
Relumore City, Maryland	
Street address	. Live and also at.
and the state of t	
U. S. Marine Hospit	al, Baltimore, and
I anoth of stay in hospital or	yra, mos., or days) 30 years
a FULL NAME	illion H.
b) If veteran, name war	3 C Social Security Account
75.75	No.
, Sex	6 a Single, married, widowed, or divorced.
h Name of husband or wife	6 c If alive, give age years
	day, yr June 29, 1896
7. Birth date of deceased mo.,	day, yr
	If less than one day
8. AGE: Years Months	Days It less than a
8. AGE: Years Months	13 11 hr. min.
8. AGE: Years Months	18 11 hr. min.
9. Birthplace 2022 2002	18 11 hr. min.
9 Birthplace 24 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 17 hr. min.  aryland (Town, county, and state) adry
9 Birthplace 24 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 17 hr. min.  aryland (Town, county, and state) adry
9 Birthplace 2022 2011 10 Usual Occupation 11. Industry or business 222	15 17 hr. min. aryland (Town, county, and state) adry row Laundry
9. Birthplace	Days  15 11 hr. min.  Laryland (Town, county, and state) adry row Laundry  Laundry
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 13. Birthplace Fairvier	Days  15 11 hr. min.  aryland  row Laundry  Laundry  Laundry  W, 11d.
9 Birthplace 11 Page 10 Usual Occupation 11. Industry or business 12. Name 13. Birthplace Fairvier	Days  15 11 hr. min.  aryland  row Laundry  Laundry  Laundry  W, 11d.
9 Birthplace — Months 10 Usual Occupation 11. Industry or business 12. Name 13. Birthplace Fairvier 14. Maiden Name	Days  15 11 hr. min.  Laryland  Town, county, and daw)  ndry  Town Laundry  Laundry  Laund  W,111d.
9 Birthplace 22 22 23 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	Days  15 11 ht. min.  aryland  row Laundry  Laundry  Mayno  W, 11d.  a Manns,  boro, Fa.
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 12. Name 13. Birthplace Fairvies 14. Maiden Name 15. Birthplace	Days  15   ht. min.  aryland  (Town, county, and naw)  ndry  row Laundry  Laune  w, Md.  a Manns,  boro, Fa.  -1. S. Marine Hospital
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 12. Name 13. Birthplace Fairvies 14. Maiden Name 15. Birthplace	Days  15   ht. min.  aryland  (Town, county, and naw)  ndry  row Laundry  Laune  w, Md.  a Manns,  boro, Fa.  -1. S. Marine Hospital
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 12. Name 13. Birthplace Fairvies 14. Maiden Name 15. Birthplace	Days  15   ht. min.  aryland  (Town, county, and naw)  ndry  row Laundry  Laune  w, Md.  a Manns,  boro, Fa.  -1. S. Marine Hospital  re, Md.
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 12. Name 13. Birthplace Fairvies 14. Maiden Name 15. Birthplace	Days  15   ht. min.  aryland  (Town, county, and naw)  ndry  row Laundry  Laune  w, Md.  a Manns,  boro, Fa.  -1. S. Marine Hospital
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 13. Birthplace Fairvies 14. Maiden Name 15. Birthplace 16 a Informant b Address 17 a Surface 18 a Informant	Days  15   ht. min.  aryland  from Laundry  Laun
9 Birthplace 10 Usus Occupation 11. Industry or business 12. Name 13. Birthplace Fairvior 14. Maiden Name 15. Birthplace 16 a Informant 16 Addiese 17 a Cemetery or cremator 18 Cemetery or cremator	Days  15   ht. min.  aryland  from Laundry  Laun
9 Birthplace 10 Usual Occupation 11. Industry or business 12. Name 13. Birthplace Fairvies 14. Maiden Name 15. Birthplace 16 a Informant b Address 17 a Surface 18 a Informant	Days  15   ht. min.  aryland  from Laundry  Laun

#### USUAL RESIDENCE OF DECEASED: State Laryland (b) County out ide city or town limit, write RURAL and gir town, Succe No. 803 N. Monroe St. If foreign born, how long in U. S. A.? MEDICAL CERTIFICATION DATE OF DEATH 100. 16, 1939, at 9:55PM . I certify that death occurred on the date above stated; that lattenddeceased from NOV . 8, 1959 . to Dec. 10, 1959 . d that I last saw him alive on Lac. 18, 1939 . mediate cause of death Corobollar abscord Duration no left bleteral lateral sine 1440170. rothosis ge to las of itis bilateral ther Conditions PHYSICIAN (Include pregnancy within 3 months of death) t' d rlin the ajor findings: en we to which Of operations lath should be charged statis-Of autopey Same as appre tically. 2. If death was due to external causes, fill in the following: 1) Accident, suicide, or homicide.

- Date of occurrence...
- Where did injury occur? (County) (City or town)
- d) Did injury occur about home, on farm, industrial place, in public . While at work? (Specify type of place)

an dura. Means of injury

Signature .... Address U. S. Marine Cospita Date signed 12/18/35

ha Address

Physicians: please write the causes of death clearly and legibly.

Correct age is especially important.

OZIVIII IOXI	Z OI BEATTY TO	
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 3/36 mm Eldury  (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State In the County  (b) County  (c) City or town  (d) Street No. 2.1.3 kg. A. C. Elliwy	At. and give town
(d) Length of stay in hospital or inst. (yrs., mos., or days).	2 ilf reral give location	1
(e) Length of stay in Baltimore (yrs., mos., or days)	(ε) If foreign born, how long in U. S. A.?	year
3 (a) FULL NAME Donna Loann Valent	,	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DIC 17  1929	1 . at 1 45 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated deceased from /2- 15 1939, to /2	- 17 1939
6 (c) If alive, give age years	and that I last saw her alive on 12 17	9 3 4.
7. Birth date of deceased (mo., day, yr.) Acc 1, 1939	Immediate cause of death Brown els 0 -	Duration 48 /
8. AGE: Years Months Days If less than one day  hr. min.	Due to	I. W
9. Birthplace Balto Ind (Town, county, and state)	Due to	1
10. Usual Occupation		1
11. Industry or business	Other Conditions	
12. Name Vincent Valente  13. Birthplace Italy	(Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN Underline the
14. Maiden Name anna mandello	Of operations	cause to which leath should be
15. Birthplace Haly	Of autopsy	harged statis-
16 (a) Informant In Duy	22. If death was due to external causes, fill in the fo	ollowing:
(b) Address 3/36 mr Elders	(a) Accident, suicide, or homicide	
17 (a) Burnal, cremation, or removal) (b) Date thereof Jul 18 39 (month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	nty) (State)
(c) Cemetery or crematory My Pullerus	(d) Did injury occur about home, on form, industrial	
Location 1.3 Main Ford	place? (Specify type of place) While at wor	k?
18 (a) Funeral director Transk Property	(e) Means of injury	
(b) Address 2818 C. Bello of Hilliams, M.P.	23. Signature S. O Music	- N 5
That Rd 1930 (b) Registrar	Address hudical arts/XdSate sig	med/1-35

and give town)

d; that lattend-

Duration

Underline the cause to which leath hould be harged statistically.

y) (State) lace, in public

years

PLACE OF DEATH:  a) Baltimore City, Maryland  b) Street address Baltimore Maryland		2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County	
e Hospital or institution: Raltimore City Hos	pi tals	(c) City or town Baltimore (If ontside city or town   mit, write RURAI	
d) Length of stay in hospital or i		2) If foreign born, how long in U.S.A.?	
(a) FULL NAME Boby Gi	rl Lauer		
(b) If veteran, name war	3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH ALL, (5 1938	
	(a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above states ed deceased from	
Name of husband or wife	6 (c) If alive, give age years	and that I last saw h lealive on Le 15 19	
. Birth date of deceased mo., de	ay. yr. 12-9-39	A	
AGE: Years Months Da	ys If less than one day hr. min.	Due to (Filet mores living)	
	own, county, and tate)	Due to Other Conditions	
12. Name Nicholas La 13. Birthplace	wer	(Include pregnancy within 3 months of death)  Major findings:	
14. Maiden Name Anna	Romeo	Of operations	
15. Birthplace Md.		Of autopsy	
6 (a) Informant Records (b) Address Boltimore  7 (a) Burial, cremation, or removal (c) Cemetery or crematory Location Door (8 (c) Funeral director (b) Address	City Hospitals	22. If death was due to external causes, fill in the foll  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town)  (Count  (d) Did injury occur about home, on farm, industrial p  place?  (Specify type of place)  (e) Means of injury  23. Signature	
(Date ree'd by registrary)	to A Chief . Revision	Address Belly Cty Hay Date sign	

# BALTIMORE CITY HEALTH DEPARTMENT 214- Registered No. CERTIFICATE OF DEATH 214- Registered No. IF 63966

	A HOUSE DECEMENCE OF DECEASED.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	773
(a) Baltimore City, Maryland	(a) State (b) County	
(h) Street address	(c) City or town (If outside city or town limits, write RURAL	-
Baltimare City Hospital		and give town:
	(If rurid give location)	
d Length of stay in hospital or inst. (yrs., mos., or days)		
(e) Length of stay in Baltimore (yrs., mos., or days)	(c) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME RICHARD H. SO	HM	
3 h If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	945
No. 217-01-0968	20. DATE OF DEATH December 174 1937	. at / 3 M
4 S- S Color of race (6 (a) Single married, wildowed, or	21. IHEREBY CERTIFY, That I took charge of the ren	
m w divorced surgle	above, held an (Autopsy or Include) thereon and from	
6 (b) Name of husband or wife 6 (c) If alive, give age years	obtained by said autopay or inques; find that said	deceased came
	to her death on the day stated above.	
7. Birth date of deceased mo., day, yr. an 24-1918	Immediate cause of death	Duration
8. AGE: Years Months Days If less than one day	Fractures, multiple	
21 21 10 23 hr. min.	shull	
9 Birthplace Salingza Set Co la	Due to	
10. Veual Occupation of Tree maker	Due to	
11 Industry or business flerm in with Orgon	Due to	
	Other Conditions	
# 12 Name I acfale as other	Canel Conditions	DUVELCIAN
2 13 Birthplace Dephyne Co la	(Include pregnancy within 3 months of death)	PHYSICIAN
# 14 Maiden Name Herrie Bornberger	Major findings:	Underline the
15. Birthplace Leb Co. Pa	Of operations	death should be
16 a Informani & Le Roy Wrold	Of autopsy	harged statis-
16 a Intornani & Sec.	22. It death was due to external causes, fill in the fo	ollowing
MAdress Lesbanon la	A Accident suicide, or homicide accesse	nt
17 Reverse b Date thereo! 12 18 39 (month) (day) (year)	1 Due of accurrence dec 17th, 17	7.35
Hurial, crimation or removed (month) (day) (year)	(c) Where did injury occur? Toolla garma	1 Jaggary
Cemetery or cremitary on burnon		
Location John Janes	(d) Did injury occur about home, on farm, industrial	(40)
,	place? (Specify type of place)	to 00 1
18 (a) Funeral director William Conf	(e) Means of injury directione crashed	to yours
(b) Address 1217 S'A Caul ST	23. Signature It & Wallemacher Medical Examina	- M.D.
19 P. 1 & Day of turing ton Williams, M.	Date signed Dec 18 1/3 1535	

F	63967

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH /

61.	Registered No.	رمان
21	F 639	67

		V.)   Foi	5367
1. PLACE OF DEATH: (a) Beltimore City, Maryland		2. USUAL RESIDENCE OF DECEASED:	
	1. Tui	(a) State Larylanc b County	
b Street address JTM2. Far	K FI C A. SIST ST	(c) City or town Baltimore	
c) Hospital or institution:	Tooring Dalain		and give town)
maximum. 5. Larine		d Street Wa 24 E. 25th Street	
d) Length of stay in hospital or ins	t. (yrs., mos., or days) le days	(If rural give location)	
e Length of stay in Baltimore (yrs	., mos., or days 39 years	If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME			
Stick, Jaco	3 (c) Social Security Account	MEDICAL CERTIFICATION	-
	No. 237 14 9070		0.05
1. Sex 5. Color or race 6	(1) Single, married, widowed, or	20. DATE OF DEATH DOC. 17, 1939.	
and the second s	orced. Narried	21. I certify that death occurred on the date above stated	
b Name of husband or wife has	tie learl lake	ed deceased from NOV. 29, 1939 to Co. ] and that I last saw h 1 alive on 1.00. 17, 19	
	c If alive, give age 64 years	Immediate cause of death	
7. Birth date of deceased mo., day,		Pulmonary en bolism	Duration 10 min.
B. AGE: Years Months Days	If less than one day	The second secon	~~ ~~~~
62 10 23		Due to	
P. Birthplace Clemille,	-		
(Tow	n. county, and tate)	Due to	- in
O. Usual Occupation Mission	nery		aver
I. Industry or business		Other Conditions Jartrolly of	L.now.
12. Name Honry S. State	ck	Pros a c. destric ul.er, part los (Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Clenyi	lie. Pa.	Major findings:	Underline the
		Of operations FOR tate query, perimen	nue to which
14. Maiden Name Robucce		79.00 00 00.00	Inth held be
15. Birchplace Clenville,	18.	Of autopey and at above	t mll;
6 a Informant Cocords -1			owing:
b) Address lainore	, Md .	(a) Accident, suicide, or homicide	
7 (m) was (b)	Date thereof 12/19/39	(b) Date of occurrence	
~ 1+	my (myhth) May) (ybar)	(c) Where did injury occur? (City or town) (County	(State)
c Cemetery or crematory	The Ginner	(d) Did injury occur about home, on farm, industrial pl	
Location Duning	0 79	place? While at work?	
8 (a) Funeral director/Lucy	5" 577	(e) Means of injury	
(b) Address /2/7 14	oney,	23. Signature T. M. N. ar dever	
9 (1) 56 3 6 3000 - 2	in tou Hollinger Mit.	Address Alino Date signe	M. D.
Thurs he down with	tri kinci me.	Ballimore, 10.	

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

(h) County

(11) State But

Registered No. F 63968

Street address 73		(c) City or town Baltimore	
Hospital or institution:	P+ 71 170	(1) outside city or town limits, write NUKA	L and give town)
sallemare	City Hospital	44 Servet No. 43 N. Jamey A.	<b>*</b> .
Length of stay in hospital or inst.	(vrs., mos, or days)	(Il rural give Sention)	
		(e) If foreign born, how long in U. S. A.?	years
Length of stay in Baltimore (yis.,	mos. or days)	(c) It foldigit both, how tong to control	
a FULL NAME WILL	IAM LUSB	Y	
(b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION	30
41	No. MUME	20. DATE OF DEATH Decamber 174 1939	. N 5 0 M
. Sex 5. Color or race 6 (a	1) Single, married, widowed, or	21. IHEREBY CERTIFY, That Itook charge of the re-	
m w dive	orced Sur y	above, held an thereon and fro	
7h 30		(Autopsy or Inquiry)	
b) Name of husband or wife		obtained by said find that said	deceased came
6 (	c) If alive, give age years	to has death on the day stated above.	
Birth date of deceased (mo., day,	VI Sept. 8-1883	death on the day mated above.	
	Af less than one day	Immediate cause of death	Duration
56 3 9		Chronic alcoholism	-
	n		
Birthplace west ()	mos in	Due to	-
clew.	n, county, and state)		-
0. Usual Occupation Im	angle at	Due to	
I. Industry or business	1 1		
12 Name Julium J	1 dusby	Other Conditions	
	12 14		PHYSICIAN
13 Birthplace nevert	9 774	(include pregnancy within 3 months of death)	THISICIAN
14 Maiden Name Ella	rug.	Major findings:	Underline the
		Of operations	death should be
15. Birthplace // 11/19	Corolina		charged statis-
16 a Informant wail Mil	Lubers	Of autopsy	tically
the Address 723 May	2 6 6 4	22. If death was due to external causes, fill in the f	ollowing
		(a) Accident, suicide, or homicide	
Bural crematin, or removals	Date thereof 19/39 (year)	(b) Date of occurrence	
		(c) Where did injury occur?	10.00
Cemetery or cremator	n n	(City or town) (Cond.)  (d) Did injury occur about home, on farm, industria	inty) (State) I place, in public
Location be lives	3 Maryland	W1.1	
18 a Funeral director Je Min		place? (Specify type of place)	
	Harris &	(c) Means of injury	
(b) Address 1211 A	2 4/11 1/2	23. Signature 7+ Le allementes	M.D.
19 (4)	Dry ton Halland By Met	Date signed Dae 18th 1535 Medical Examin	
[ ] ate reall b registrars	7 Registrat		
VH 6			

every item of information should be carein write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH correct age is especially important.

1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	
(b) Street address by an Ingk Erive and 31st St.,	a State Frylend b County	
c Hospital or institution:  L. S. Marino Hospital, Baltimore, Md.	(City or nown Lalt LEOFE, AMTY LING.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)7 hours	1 Over No. 629 Aldershot Road, Catonsville	
(e) Length of stay in Baltimore syra, mos., or days) 19 years	(e) If foreign born, how long in U. S. A.? years	
FULL NAME Yames Cyril		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH 100. 16, 1939 at 8:551M	
4. Sex 5. Color or ruce 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated, that lattended deceased from 28 . 10, 1939, to 200.10, 1938.	
6 (b) Name of husband or wife 187 1811 187 188	and that I last saw hall the on 100 . 10, 19 39	
6 c If alive, give age years	Immediate cause of death Obstruction, Durotina	
7. Birth date of deceased (mo. day, yr.) 16.ch. 16, 1895	intestinal, cause polvic maces 3 days.	
8 AGE: Years Months Days H less than one day		
44 9 10 hr. min.	Due to Inritantis, nauto, general, a days	
9. Buthplace Baltimore, Laryland	cause undetermined	
(Town, county, and tale)	Due to	
10. Usual Occupation Coston Inspector H. Industry or business		
	Other Conditions	
12. Name Halter Emery	clude pregnancy within 3 months of death)	
13 Birthplace Thomason, Maine	Major findings:	
Harry Hammond,	Of operations	
14. Maiden Name der Hammond, 15. Birthplace delationd, va.	Of autopsy NONG tically.	
	22. If death was due to external causes, fill in the following:	
16 (a) Informent Records -U. S. Marine Mospital,	(a) Accident, suicide, or homicide	
b) Address Bullimore, Md.	(b) Date of occurrence.	
17 (a) (b) Date thereof 12/20/19 (Burial, cremation, or removal)	(c) Where did injury occur?	
(c) Cemetery or crematory Mew National	(d) Did injury occur about home, on farm, industrial place, in public	
Location Tredrick Rd	while at work?	
- 06 - 11	(Specify type of place)	
18 a Funeral director. C. P. Down	(e) Means of injury	
(b) Address 21 20 8 amoudson	23. Signature 7.73. 14. an alum.	
19 (4) - C. S. 1939 with for Hollisus, M. J.	Address to La Marine nost to  Date signed 12/10/3	
VS 3	Baltimore, Md. (over)	
7.01		

BALTIMORE CITY HEALTH DEPARTMENT			
F 63970	CERTIFICATI	E OF DEATH 13 - CRogistered No.	DOM
(c) Hospital or institution:  (d) Length of stay in hospital or inst. (y	10	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland b) County  (c) City or town Dalltmore  (If outside city or town limits, write RURAL  (d) Street No. 3210 N. Calvet S.  (If reval give location)	L and give town)
(e) Length of stay in Baltimore (yrs., m	n Hunt	(1) If foreign born, how long in U. S. A.?	yeare
	<u> </u>	MEDICAL CERTIFICATION	
3 (b) If veteran, name war 3	(c) Social Security Account		. at 93011
	Married, widowed, or ed. Married	21. I certify that death occurred on the date above state ed deceased from March 1 1234. to Deceased	d; that lattend-
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days	falive, give age 70 years	My our Carties decompressation	Duration
97 1 16 9. Birthplace Battimore	hr. min.	Due to Cartine my assilis +	yeur
10. Usual Occupation Return	ounty, and state)	Due to	
II. Industry or business School	The second secon	Other Conditions	
12. Name Richard 13. Birthplace Md 14. Maiden Name Catherin	, , ,	(Include pregnancy within 3 menths of death)  Major findings:  Of operations	PHYSICIAN Underline the cause to which death should be
15. Birthplace	0	Of autopsy	charged statis-
16 (a) Informant Mande (b) Address 3210 N. Co	ploent at	22. If death was due to external causes, fill in the fo  (a) Accident, suicide, or homicide  (b) Date of occurrence.	llowing:
(Burial, cremation, or removal)	chereof Dac 19-39 Olivet and Baltimore M.	(c) Where did injury occur? (City or town) (Coun	place, in public
18 (a) Funeral director Chas. (b) Address \$12 Mad	ison are	(e) Means of interpretation (Specify type of place)  23. Signature	
19 (a) DEC. 1.8. 1939 to	ton Mulians, M.P. Rogistrar		ned 4/18/39

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	
CERTIFICATE OF DEATH	46 Registeria NS 3972

I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City Maryland Mariborough Apts. 2 H.	(a) State Md. (b) County
b) Street address Butaw Place & Wilson St.	
c) Hospital or institution:	(c) City community Baltimore  If outside city or town limits, write RURAL and give town)
	distreet No. Marlborough Apts.
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
e) Length of stay in Baltimore (yrs., mos., or days) Lifetime	(e) If foreign born, how long in U. S. A.? years
(d) FULL NAME  ROSA LOWMAN	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH DCC. 17, 19 39, at P.M.
1 Sex 5 Color or race (6/a) Single married widowed or	21. I certify that death occurred on the date above stated; that lattend-
Female White divorced Widow	ed deceased from. 70.1 1934, to Dec 17 1934,
(b) Name of husband or wife Simon Lowman	and that I last saw h walive on. 12-17 1939.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Dec. 1, 1851	Carliae disuff.
AGE: Years   Months Days   If less than one day	
88 16 hr. min.	Due to WAD I I DO TO TO TO TO TO
Baltimore, Md.	Due to Maly- Hepatet Holes over
(Town, county, and state)  NOME	Due to
10. Unual Occupation NOME	Other Conditions
	PHYSICIAN
12. Name Leon Lauer,	(Include pregnancy within 3 months of death)
13 Birthplace Germany.	Of operations
14 Maiden NameBettie Guggenheimer,	death should be charged statis-
15. Birthplace Germany.	Of autopsy tically.
16 (a) Informant Mr. Lee L. Lowman,	22. If death was due to external causes, fill in the following:
(b) Address 5720 Oakshire Road.	(a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof 12. 19. 39	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year)	(City or town) (County) (State)
(c) Cemetery or remotery Har Sinai	(d) Did injury occur about home, on farm, industrial place, in public
Location Baltimore, Md.	place? While at work? (Specify type of place)
18 (a) Funeral director Varid Sondhern The	(e) Means of injury
(b) Address 1902 Eutaw Place	23. Signature Permany Cotto
19 (a) FC 1 8 1939 Sunday Miller Registrar	Address Marlborough Apts. Date signed
instance and leakington.	

Exact statement of

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

### HEALTH DEPARTMENT—CITY OF BALTIMORE 63973

CERTIFICA	TE OF DEATH V 108
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. It Judepho	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ym.	mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME	opecify WAR
(a) Residence: No. 12/6 Son 4	Mard. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed. or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 12.18.3919  22. I HEREBY CERTIFY, That I attended deceased from
Sa. If married, wildowed, or divorced  BUSBAND of Harbert J. Hand	1 inst saw h & alive on 12.18.39, 19 Denth is said
2//	to have occurred on the date stated above, at 2 4 mm. auc
6. DATE OF BIRTH (month, day, year) ///1904 7. AGE Years   Months   Days   If LESS than	The principal cause of death and related causes of
35 10 17 1 day hra	Due of paret
ormin.	Phennyatic Ne cut Disease
8. Trade, profession, or particular kind of work done, as spinner,	chioma Glomeralo.
9. Industry or business in which	ne phrilip é sopricema
work was done, as silk mill.	Other contributory causes of importance of outlo
10. Date decouned last worked at this occupation (month and spent in this	Capticerna
( year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Was an operation performed? Date of
al mani at t	For what disease or injury?
18. NAME TO THE STATE OF THE ST	Name of operation
14. BIRTHPLACE (city or town).	What test confirmed diagnosis? Was there an autopsy?
(State or country)	23. If death was due to external causes (violence) fill in also the following:
15. MAIDEN NAMEST any dalue Mosonlos ger	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town). Back	Where did injury occur?
(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT	place approximate and the second seco
(Address)/y/0- Bonyate and	Manner of lajury
16. BURIAL CREMATION, OR REMOVAL 12/21/39	Nature of Injury
Place Torcand Date 10.	
19. UNDERTAKER Garage Office Starte	24. Was disease or injury in any way related to occupation of deceased?
(Arldrenn) / 2	If so, specify
Min 194	(Signed) Mallon M. D.
The I believe the state of the	(Address) St. Joseph Mospinax
· 1939 ~ Off	

	E OF DEATH 64 Registered No.	3974
1. PLACE OF DEATH: (d) Baltimore City, Maryland (b) Street address 400 E 39 Street (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED:  (a) State McL (b) County Balland  (c) City or Jown Balland  (If outside city or town limits, write RURA  (If rural give location)	L and give town)
d Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)  (e) If foreign born, how long in U. S. A.?	year
	CHLOSSEL	
3 (b) If veteran, name war Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Lecander 17 19 3	9. at 7 25 M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced SINGLE  6 (b) Name of husband or wife 6 (c) If alive, give age years	21. IHEREBY CERTIFY, That I took charge of the real above, held an thereon and from the reon and from the real above, held an analysis of language find that said	om the evidence
7. Birth date of deceased mo, day, yr  8. AGE: Years Months Days If less than one day  5.2. hr. min  9. Birthplace Balthull Had.  (Town, posity, and state)  10. Usual Occupation houseway self. 3.	Immediate cause of death Carlon humapide	Duration
12 Name John 13 Birthplace Germany	Other Conditions  (Include pregnancy within 3 months of death)	PHYSICIAN  Wederling th
14. Maiden Name fictoria Hermebuyer 15. Birthplace Germany	Major findings: Of operations Of autopsy	Underline the
17 a Dural Date thereof Day (year Cemetery or crematory Wrawe)  18 a Funeral director Harry Transport of the Address  19 DEC 18 1899 Hutter Transport of Registrar	22. If death was due to external causes, fill in the Accident, suicide, or homicide 17, 173?  (b) Date of occurrence Lee 17, 173?  (c) Where did injury occur? 400 £ 35	following:   #### State ounty) (State) al place, in publicork?  - M.E.

F	63975	
	PLACE OF DEATH	

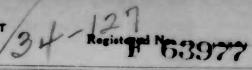
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH,

Registered No.

	y' '' '' '' '' '' '' '' '' '' '' '' '' '	0010
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Md. (b) County Balto	
(b) Street address Redwood + Frene Streets	(a) State / V(LA (b) Cooliny OC NO V.	
(e) Hospital or institution:	(c) City or town (If outside city or town limits, write RURA	F 4
(e) Hospital or institution:		
(d) Length of stey in hospital or inst. (yrs., mos., or days) /d	Street No. M.T. Wilson San	o loum
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME John A	Smith.	
3 (b) If veteran, name war 3 (c) Social Security Account		
No. 920-09-6	310 20, DATE OF DEATH DEC. 17 1934	. 15 30 M
4. Sex 5. Color or race 6 (a) Single, married, widowed,		
Male White divorced married	ed deceased from Dec. 16 1934, to Dec.	
6 (b) Name of bushand or wife Sylves Jone Soul		
6 (f) If aliye, give age ye	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 1879	Useria	7 days
8. AGE: Years Months Days If less than one day	Conquestive Heart Falare	21 days
60 3 /7/h hr. m	Due to	
	Chronic Punchyandon Nepkishis	30 draw
9. Birthplace Long Green Maryland (Town, county, and state)	Due to	
10, Usual Occupation M. P.		
11. Industry or business Institute Doctor	Other Conditions	
12. Name Seo. It Smith	Bil Word Bronchischers	PHYSICIAN
	(Include pregnancy within 3 months of death)  Major findings:	
13. Birthplace Germany	Of operations	Underline the
14. Maiden Name Kather		hath should be
15. Birthplace Germann	Of autopey	charged statis- tically.
16 (a) Informant Mrs . Sylvia Jone Smalk	22. If death was due to external causes, fill in the fo	
	(a) Accident, suicide, or homicide	
(b) Address Mt Wilson Md.	(b) Date of occurrence	
(Burlal, cremation, or removal) (month) (day) (ye	(c) Where did injury occur?	
Pe	(City or town) (Coun	
William A. t. Du	1001	
Location Villamy of 1 Pa	place? While at work	
16 a Funeral director	(e) Means of injury	
(b) Address 5005 Come all agarbon	23. Signature Starley 4. Merchy	
19 (a) DEC 18 1939 to to Millians	M. Address Kingersely Hoofital Date sign	ned 12.17.39.
VS 3		

100	10	124	-
6:	50	1	-

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



	V	00077
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,
(a) Baltimore City, Maryland	(a) State Hd (b) County	
(b) Street address		
(c) Hospital or institution:	(c) City or town Ballemore (If outside city or town limits, write RURA	
University Hospital		L and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25	1) Street No. 651 Pierce St.	
(e) Length of stay in Baltimore (50 may order) 10915	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Sadie White		1
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. 213-16-6951	20. DATE OF DEATH DEC 17 1939	415M
4. Sex 5. Color or race 6 (a) Strate, married, widowed, or	21. I certify that death occurred on the date above state	
F 3 11 mud	ed deceased from New 23 1939, to De	
6 (b) Name of husband or with Roosewest White	and that I last saw h & alive on Dec 17 19	
6 (c) If alive, give age years	Immediate cause of death	Deration
7. Birth date of deceased (mo., day, yr.)	Empyena, H.	2 days
8. AGE: Years Months Days If less than one day		
38 hrmin.	Due to Sul dia phragmatic	120
9. Birthplace N. Carolena	absuss /	7.8 days?
10. Usual Occupation Housewife; Sonduma	Due to Subhepatic alscess	12:
II Industry or husings	tollowing cholocyslectomy	
David Al	Other Conditions by shelis, (Treated)	
	(Include prognancy within 3 months of death)	PHYSICIAN
= 13. Birthplace M.C.	Major findings: Acute chalecystitis	Underline the
14. Maiden Name Martha Gnce Hill	Or operations	death should be
15. Birthplace A MC.	Of autopsy SEE above	charged statis-
16 (a) Informan Rousevelt White	22. If death was due to external causes, fill in the fol	
(b) Address 757 W. Agratoga st	(a) Accident, suicide, or homicide	
17 (a) Removal (b) Date thereof / 2 - 22 - 39	(b) Date of occurrence	
(Burial cremation, or removal) (month) (day) (year)	(e) Where did injury occur? (City or town) (Coun	nty) (State)
(c) Cemetery or crematory Chadbourn	(d) Did injury occur about home, on farm, industrial p	
Location March, Carolina,	place?	k?
18 (a) Funeral director William a Jackson	(Specify type of place)	
(b) Address 9/6 Sunjaffinare	23. Signature Stephen 188 Mag	MESS
19 DFC 1 & 1979 thinking for Williams M.		
There ree day registrar B Registrar	Address University 1 des pulas Date sign	ned/2-17-59

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VS 3

100	AND RESIDENCE AND ADDRESS.
	63978
-	13.6178

# CERTIFICATE OF DEATH



Registered No. F 63978

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
a Baltimore City, Maryland	(a) State Mu. (b) County	
(b) Street address / 05 Milland Road		
(c) Hospital or institution:	(c) City or town Baltimore	
	ilf out ide ity or town linits, write RUR	AL and give town)
	1 Sime No. 105 Vnilbrook	Road
d) Length of stay in hospital or inst. (yrs., mos., or days)	(If ror I give location	1)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
Juginia Hay Slewart		
3 b) If veteran, name war 3 c) Social Security Account	MEDICAL CERTIFICATION	
No. —	20. DATE OF DEATH 12 - 18 193	7 . at 11.00 M M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	ted: that lattenda
Female Mute divorced Willow	ed deceased from 12-13 1939, to	
6 1 Name of hadrand or wife Indon-	and that I last saw h [ ] alive on 12 18	
of gate volu of the bold alive, give age years	Immediate cause of death	Duration
1. Birth date of deceased mo, day, yr. Fdr 7 1866	TEREBRAL HERORRHAGE	52075
8. AGE: Years Months Days If less than one day		
7.3 10 // hr. min.	Due to ARTERIOSCIERUIS	
	HYPERTENSION	
9. Birthplace Bultime Mid.	Due to	
10. Usual Occupation Mo-le		
11. Industry or business	Other Conditions	
12. Name Mr. Hay		BUYELELAN
	(Include pregnancy within 8 months of death)	PHYSICIAN
13. Birthplace Va	Major findings:	Underline the
14. Maiden Name Vilgluice Stullies	Of operations	death should be
		harged statis-
15. Birthplace	Of autopsy	tically.
16 (4) Informant Mus. Keiges	22. If death was due to external causes, fill in the f	ollowing:
Address 100 Milbrook Road	(a) Accident, suicide, or homicide	
17 (a) - Busial (b) Date thereof the 20 193	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
Cemetery or crematory Klumowt 6-	(d) Did injury occur a ut home, on farm, industria	
Location 18 alliena	place? While at wo	
4 blessein of l	(Specify type of place)	
18 (a) Funeral director & Meuleius of &	c) Means of injury	-
(b) Address Obligad MC = sollely	23. Signature	7
19/01 C 1 & 19394+ + + WII	Address 1129 Sr. Paul ST. Date si	gned / 2 · / 2 · 39
I Date rated by repristruty / standard from / The control of the	Il Magicus This sil	Kuen IV. IP.

63979

## CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Boltimore City, Maryland	(a) State Ma (b) Court	
(b) Street oddress Charles 1 Read St	A dec	
for 11 to 1 to the advantage of	(c) City or rown , Sallissaire	
Lattobe Cefet	Of outside city or town limits, write RURAL	and give town;
	Such Satrofe Of Charles	check
d Length of stay in hospital or inst. (yrs., mos., or days)	(If turn) give mention)	
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME MCASS Sichhole Sc	henck	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH /2//8/39 19	5 20
4. Sex 5. Color or race 6 (a) Single, margin, wildered, or		, at V AM
1:	21. I certify that death occurred on the date above state	
Fluide Soluto Single	ed deceased from July 1938, to Dec	
6 b Name of hosband or wife	and that I last saw heralive on Dec 18 19	37.
6 o Halive, give age years	Immediate cause of death.	Duration
7. Birth date of deceased mo, day, yr March, 29-1875	They perleusion	5.
8. AGE: Years Months Days If less than one day	asterio seluoni	· adual.
64 8 19 hr. min.	Due to they ocardeles	
9. Birthplace Baltimo Hed	Due to	
(Town, county, and state)		
10. Usual Occupation 11. Industry or business	Other Conditions and are relation	2 hr
	Julmonary Educas	
12. Name Edwin Schence	(Include prognancy within 3 months of death)	PHYSICIAN
13. Birthplace Baltimore Pul	Major findings:	Underline the
	Of operations	jeath should be
14. Maiden Name Gough barroll.		charged statis-
15. Birthplace Balline Hal	Of autopsy Leone Done	tiraly
16 (a) Informant R. B. Frich	22. If death was due to external causes, fill in the fol	lowing:
(b) Address Owens Mills Hed	(a) Accident, suicide, or homicide	
	(h) Date of occurrence	
17 (a Burial (b) Date thereof 12 10 39 (month) (day) (year)	(c) Where did injury occur?	
HTD.	(Coun	
Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	
Location barrison Forest	place? While at work	
18 a Funeral director # Menters dor to	(e) Means of injury 21 11	
6) Address Osched Merbellows	23. Signature	
- 1000 11 11	1,60 3-15, 1000	12 M.D.
19 Million of dry restation Hamilton Mittersening dry	Address 140 Truck Pate sign	red 71434.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

years

Duration

PHYSICIAN

Underline the

onum to which

death should be

charged statis-

M.D.

63980 2. USUAL RESIDENCE OF DÉCEASED: 1. PLACE OF DEATH: a Baltimore City, Maryland (a) State Www (b) County Bultimore b Street address (c) City or town (c) Hospital or institution: (If outside city or town limits, write RURAL and give town) Provident Hoofshall (If rural give location) Madeson C (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) Life (e) If foreign born, how long in U. S. A.? Wallace Smith MEDICAL CERTIFICATION 3 (c) Social Security Account 3 h If veteran name war 12-16- 1939, at 7.20 P. M 20. DATE OF DEATH 5. Color or race 6 (a) Single, married, widowed, or 21. HEREBY CERTIFY, That I took charge of the remains described 4. Sex divorced. above held an untolog thereon and from the evidence (Autopsy or Inquiry) find that said deceased came 6 b Name of husband or wife obtained by said autofory (Autopsy or Inquiry) death on the day stated above. 7. Birth date of deceased (mo., day, yr.) Immediate cause of death If less than one day 8. AGE: Years Months Days Sun shot 9 Birthplace 10. Usual Occupation 11 Industry or business Other Conditions 12. Name 13 Birthplace (include pregnancy within a months of death) Major findings: 14 Maiden Name Of operations 5 15. Birthplace Of autopsy Co above 16 (a) Informant 22. If death was due to external causes, fill in the following: (b) Address Homerica (a) Accident, suicide, or homicide b Date thereof 12-19-39 16 - 39 (b) Date of occurrence 2. -(c) Cemetery or crematory Who Clubusa City (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, industrial place, in public place?

(Specify type of place)

(c) Meana of injury Location Partienge 18 a Funeral director / W. Sco, W. Walla luckeni 23. Signature Horand Medical Examinet Houting ton Milliams, M Date signed / 2 - / 7 3 a

F 63981	BALTIMORE CITY CERTIFICA
1. PLACE OF DEATH: (a) Baltimore City, Maryla (b) Street address / Z/2 (c) Hospital or institution:	9 Guynns Fulls /ki
	nore (yra., mos., or daya)
3 (a) FULL NAME	Israel You
3 (b) If veteran, name war	3 (c) Social Security Accoun
4. Sex 5. Color or re	ace 6 (a) Single, married, widowed, of divorced.
6 (b) Name of husband or	wil Bertola Gradina 6 (c) If alive, give age 6 / year
8. AGE: Years Months	Days If less than one day    H   he. min
	(Town, enunty, and etate)
3	Jumany
14 Maiden Narme 22	Gemany.
(b) Address/719	Thugan Follo the
(c) Cemetery or eremate	moval) (month) (day) (yell)  A Back. Helrew
-0	und Sondaum es

Polliage M. F.

# HEALTH DEPARTMENT 87-3 Registered No. 12 Registered No.

E OF DEATH	No
2. USUAL RESIDENCE OF DECEASED:	
(a) State 2226. (b) County	
(c) City warm Jack.	
outside city or town limits, write RU	
distrect No. 17/9 Luyens	Facelle Plans
	in i
(e) If foreign born, how long in U. S. A.?	year
·	
MEDICAL CERTIFICATION	
20. DATE OF DEATH Dec . 19 193	9 4
21. I certify that death occurred on the date above at ed deceased from 1934, to Uk	ated; that lattend-
and that I last saw h Malive on Lee 180	1939
Immediate cause of death	
Parloglis agitans	Duration
Due to Gremmonia Hegtoralicy	
Due to	
Other Conditions	
Other Conditions	
(Include prognancy within 3 months of death)	PHYSICIAN
Major findings: Of operations	Underline the
	death should be
Of autopsy	harged tata-
22. If death was due to external causes, fill in the	
(a) Accident, suicide, or homicide	
(b) Date of occurrence.	
(c) Where did injury occur?	
(d) Did injury occur about home, on farm, industria	unty) (State)
place? While at we	
(Specify type of place)	
(e) Means of injury	
22 es Marso Me l	chG.
23. Signature De Samuel Hamb	erg.
23. Signature Dr. Samuel Hamb Address 735 Park Hight Date at	erg. M. D. gned/2-19-39

M. D. B. 1268-9 HEALTH DEPARTMENT—CITY OF BALTIMORE L PLACE OF DEATH CITY OF HALTIMORE: (No. Longth of residence is cit or town here death 2. FULL NAME EXACTLY, 1 PERSONAL AND STATISTICAL PARTICULARS properly cla 4. Color or Race 5. Single, Married, Widor Divorced (write the w Sa. If married, widows HUSHAND of (or) WIFE of 6. DATE OF BIRTH (month, day, year) may. Month terms, so that it 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkreper, etc.. 9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. 11. Total time (years) 16. Date deceased last worked at this occupation (month and carefully sur 12 HIRTHPLACE (city (State or mantry) MOTHER FATHER 13. NAME: OF DEATH 11. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city (State or country) WRITE PLA II. INFORMANT

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CAT	TE OF DEATH $\sqrt{82^{-\alpha}}$
C	Registered No.  (If death accurred is a hospital or lostitution give its NAME instead
- 4	of street and number.) mon de How long in U. S. It of foreign birth? yr mon de
M	ng
1	St.,
	MEDICAL CERTIFICATE OF DEATH
wed.	21. DATE OF DEATH (month, day, year)
	22. I HEREHY CERTIFY. That attended deceased from 1939. to 529 17 . 1939 Teath is said
	to have occurred on the date stated above, at 4.25 A an
han hra.	The principal cause of deoth and colated causes of insertance were as follows:  Crewis here where 12/15/3
	/ / / /
27	
	Other contributory causes of Importances  Other contributory causes of Importances  Sylls.
	What test confirmed diagnosis? Clinical there an autopsy & Mo.
2	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  Date of injury 19
1	Where did Injury occur?
	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
	place
39	Manner of Injury
4	Nature of Injury  21. Was disease or Injury in any way related to occupation of deceased?
y	M as at a life
	(Signed) Chas, Skeller M. D.
nr. I	(Address) 2 2 & for MC Orresporte The

### F 63983

# CERTIFICATE OF DEATH V

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Respere \$3983

PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution:  Baltimore City Hospitals	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  Baltimore  (c) City or town  ilf outside city or town limits, write RURAL and give town:
d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo. (e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.	dy Street No. 502 W. 27th Street  (If rural give location)  (a) If foreign born, how long in U. S. A.? years
3 (a) FULL NAME John Marston	X
3 (b) li veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH / 2 - / 7 1939, at 2 - PM
4. Set S. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that death occurred on the date above stated; that lattended deceased from 8 16 19 8, to 12 17 19 39.
6 b Name of husband or wife Clara 6 (c) If alive, give age years	and that I last saw home alive on 12 17 1937.  Immediate cause of death.  Duration
7. Birth date of deceased (mo., day, yr.) 2/24/1865	Branche preservice for days
8. ACE: Years Months Days If less than one day 74 9 23 hr. min.	Due 10 Westerio i claratie jangrue several
9. Birthplace Virginia 10. Usual Occupation	Due to
11. Industry or business	Other Conditions
I 12 Name Jack Marston Virginia	Major findings:  Of operations  Clinclude pregnancy within 3 months of death)  Underline the cause to which
14 Maiden Name Vi g nia	Of autopsy tically.
16 a Informani Records	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
17 (a) Burial (b) Date thereof Dice 20, 19.  (Ruria matter, or removal) (month) iday (year)  (c) Cernetery or exemptory St. many Camillery  Location tampelen  18 (1) Funeral director Chemowith & Sonovan  (b) Address 3 (15.17 Chemoy Can	(c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (e) Means of injury  23. Signature  Address  (A. C.

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( 1) County Baltimore

F 63984	CERTIFICAT	E OF DEATH 2
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 2929 July (c) Hospital or institution:		2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town (1f outside city or town in
(d) Length of stay in hospital or inst.		(If foreign born, how long in U. S
3 (a) FULL NAME JOSEP.	H S ALT	HOFF
	3 (c) Social Security Account No.	MEDICAL CERT 20. DATE OF DEATH LOCK
6 (b) Name of husband or wife. He	married	21. IHEREBY CERTIFY, That I took above, held an (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry)
7. But due of deceased mo. day, y 8 AGE: Yers Months Days	10/2	to death on the day stated al
7 4 9. Builplace Analog Companies 10. Usual Occupation Rature 11. Industry or business Plan	county, and state)	Due to accedit
12. Name 13. Binhplace 14. Maiden Name 15. Birtiplace	althoff	Other Conditions  (Include pr wnan y within 3 mont Major findings:  Of operations
Material Maren	the thereof Sec 21, 1939  (month) (day) (year)	c Where did injury occur? (City o
Committee Cherry Cherry Contraction of the Contract		d Did injury occur about home, on place? Specify type of place.  (Specify type of place)  23. Signature  Date signed Dec 18th,

Baltimane ide city or town limits, write RURAL and give town) 29 Huntington are how long in U. S. A.? IEDICAL CERTIFICATION Dec 18 52 1939, A1 4 2 M Ill Y, That I took charge of the remains described thereon and from the evidence find that said deceased came the day stated above Duration **PHYSICIAN** in s within 3 month of death Underline the cause to which death should be charged statishorse to external causes, fill in the following de, or homicide asside to nce Dec 1 24, 1939 y occur? Frentaglin line + 29 4 / about home, on farm, industrial place, in public lie blase While at work?

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F 63985
Registered No.

(a) Baltimore City, Maryland	Las I	
(b) Street address 3306 Esstem are	(a) State My (b) County	
c Hospital or institution:	(c) City or town Backinson	
	g (if outside city or town limits, write KUR.	AL and give town
	1) Steel No. 3306 Eastern are	
d Length of tay in hospital or inst yrs, thos, or days	(If rural give location	)
(e) Length of stay in Baltimore (vis. mos., or days)	If foreign born, how long in U. S. A.?	year
3 (a) FULL NAME Peter Wagulas		
3 b If veteran name war	MEDICAL CERTIFICATION	
Balka	20. DATE OF DEATH /2-16- 193	7 . at/1.30 a M
4. Sex 5. Color or race 6 (d) Single, married, widowed, or Much divorced Pringle	21. IHEREBY CERTIFY, That Itook charge of the reabove, held are former thereon and from (Autops) or Inquity)	mains described
	(Autopsy or Inquiry)	
6 b) Name of husband of wife	obtained by said fund that said (Autopsy or Inquiry)	deceased came
	to the death on the day stated above.	
7. Birth date of deceased (mo. day st. may 1887	Investigate assess of Joseph	Duration
8 AGE: Years Months Days If less than one day	Immediate cause of death Coronery Celusion	
5 2 7 hr min		
9 Birthplace Space 4	D	
(Town, county, and state)	Due to	
10. Usual Occupation Consections		
II. Industry or husiness with non business	Due to	
12 Name Jame magulas		
	Other Conditions	
13. Birthplace Steel	(include prognancy within 8 months of death)	PHYSICIAN
14 Maiden Name Polimety Corones	Major findings:	Underline th
15. Birthplace	Of operations	enum to which
		death should be
16 (a) Informani Sus Cavocos	Of autopsy	tically
1) Address Roland are, v 367. sh	22, If death was due to external causes, fill in the f	ollowing
17 (1) Burnal (5) Date thereof Date 19, 193 (month) (day) (year)	(b) Date of occurrence	
	(c) Where did injury occur?	
(c) Cemetery of Community A De Care.	(City or town) (Cot	inty) (State
Location	(d) Did injury occur about home, on farm, industria	
18 (a) Funeral director Thenowth & Sonovan	place? While at wo	rk?
	(e) Means of injury	
Address 36151) Skieling aver	23. Signature Howard J. Malderio	M.D
19 m Comment	Date signed 12 -16 - 39 Medical Examin	€ P

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BALTIMORE CITY HEALTH DEPARTMENT

While at work?

(County)

Duration

**PHYSICIAN** 

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- PER TO TO TO TO THE TAIL	NT—CITY OF BALTIMOREG3987
1. PLACE OF DEATH	ATE OF DEATH V
of Glass	Registered No
CITY OF BALTIMORE: (No.	Ward)  a hospital or inst give its NAME of street and numb
Longth of residence in city or town where death occurred Lors	mos ds. How long in U. S. If of foreign birth? yrs. mos
2 FULL NAME MYO Desois	Chilcoat. If U. S. Veteran specify WAR
2 8 1/1/ 3 11116	Uista Que
(a) Residence: No. 3 4 4 Mull (Usual place of abode)	(If non-resident give city or town and S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widows or Divorced (write the wor	
emale white mained	22. I HERERY CERTIFY. That I attended decembed
Sa. If wried we lowed or divorced	12.18.39.10 10 63.18.39.
in WIFE of Dang & Onload	I last saw h Valive on Shift 19 19
C. DATE OF BIRTH (month, day, year aril 11, 188	7 to have occurred on the date stated above, at 11.0 m.
7. AGI Years Months Days If LESS that	H That's
52 8 7 1 day, hr	11/4 /tramerine
8. rade, rofessi n. or particular	clowers.
s Industry or business in which	Centeriosclorotic
was k was done, as silk mill,	Other captributory paners of importances
10. Date deceased last worked at this occupation (month and spent in this	Con sw visicular 1 1
year) occupation	- disease decompensator
12. BIRTHPLACE (city or town) mary land	Was an operation performed? Date of
W EV and	For what disease or lujury?
12 NAME GLORGE SPENCE	Name of operation
14. HIRTHPLACE Jody or town (State or country)	What test confirmed diagnosis? Was there an autopsy?
I I MAIDEN NAME LO DE Javelor	23. If death was due to external causes (violence) fill in also lowing:  Accident, suicide, or homicide?Date of injury
State or country)	Where did injury occur? (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in
IS INFORMANT Saviel & Cheleval	
(Address) 3544 Buena Vista Cer	Place
16. BURIAL CREMATION, OR REMOVAL	Manner of injury

(Address) 3 615-176 Lister

20. FILED

sept	Ward)  a hospital or institution, give its NAME instead of street and number.)
960	mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.
in 1	Milcoat. If U. S. Veteran
March Ser	specify WAR
ual	word Ward
	(If non-resident give city or town and State)
ARS	MEDICAL CERTIFICATE OF DEATH
Widowed.	21. DATE OF DEATH (month, day, year) 12 1P. 3.9
ting word)	22. I HERERY CERTIFY, That I attended deceaned from
*	12.18.39, 10 . 10 2.18.39, 19
al.	I last saw h Walive on 12.18.8919 Beath is said
1887	to have occurred on the date stated above, at 11: 3 m.
ESS than	The principal cause of death and related causes of
y. hrs.	Premionia both But at anoth
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	Other contributory passes of importance:
ars)	Condevisional 1
1.	and are decompensated.
7	Was an operation performed? Date of
	For what disease or lujury?
	Name of operation
Sec. 10001-100000-0-001-1	What test confirmed diagnosis?
7	23. If death was due to external causes (violence) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county, and State)
1	Specify whether injury occurred in industry, in home, or in public
1	Place augustation and the second and
thre	Manner of injury
21 2	Nature of injury
21, 193	24. Was disease or injury in any way related to occupation of deceased?
vau.	If so, specific
	(Stored TH. R. Times + N. D.
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# CERTIFICATE OF DEATH



F 63988

Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Maryland (b) County	
(b) Street address 4040 mostern Avenue (c) Hospital or institution:	(c) City or tewn Baltimore (If outside city or town limits, write RURAL and give town	
Beltimore City Hospitals 50 Min.	d Street No. 219 N. Dallas St.	
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.		
(e) Length of stay in Baltimore (yrs., mos., or days) 1116	(e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Alfred Boardley		
3 b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH /2 - 15 1939 at -A.	
4. Sex 5. Color or race 6 (a) Single, married, widowed, or Male Colored divorced. Married	21. I certify that death occurred on the date above stated; that latter ed deceased from 12 - 14 1939, to 2-15 1939	
6 b Name of husband or wife Catherine	and that I last saw him alive on /2 - /4 1939 .	
6 c If alive, give age years	Immediate cause of death Duration	
7. Birth date of deceased (mo., day, yr.) June 11, 1877  8. AGE: Years Months Days If less than one day  62 6 2 6 hr. min.	Due to	
9. Birthplace J.C. (Tewn, county, and state) 10. Usual Occupation laborer 11. Industry or business Supported by Blind Assoc.	Other Conditions	
12 Name Menry	(Include pregnancy within 3 months of death)	
13 Birthplace Md.	Major findings:	
14 Marden Name Sarah Hughes	Of operations  Of autopsy  Of autopsy  oanse to white death should charged starting the starting to the starti	
15. Birthplace 350.	22. If death was due to external causes, fill in the following:	
(b) Address Beltimore City Hospitals	(a) Accident, suicide, or homicide	
17 a BANGE by LINGTE CITY HOSPITALS  18 a BANGE by Date thereof Co. 1944193  (month) (day) (year)	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State	
Location Brooklyn W. a. Comment	(d) Did injury occur about home, on farm, industrial place, in public place?  While at work?	
18 (a) Funeral director la More + Mamie & Wright	A (Specify type of place)	
DE Address 218 the Gladerry St	23. Signature & Kills durish M. D. Address Balts City Hosp Date signed 2-15	

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63980 BALTIMORE CITY HI CERTIFICAT	E OF DEATH & GY Bregistered No.
1. PLACE OF DEATH.  (a) Baltimore City, Maryland  (b) Street address (c) Hospital or institution.  (c) Hospital or institution.  (d) Len th of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State MUN (b) County  (c) City or town  (if outside of or town limits, write RURAL and give town)  (d) Street No. Value Milest. E  (If rural give location)
3 (a) FULL NAME	(e) If foreign born, how long in U. S. A.? years
3 Ill li veteran, name war  3 C Social Security Account No.  4. Sex  5 Color or race 6 I Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH December 8 19.9, at M  21. IHEREBY CERTIFY, That Itook charge of the remains described above, held an Alexander thereon and from the evidence (Autopsy or Inquiry)
6 Name of husband or wife Charlotte Jones 6 of If alive, give age years 7 Birth date of deceased (mo., day, yr., Apr. 7, 1866 8 AGE: Years Months Days If less than one day 8 11 hr. mitt.	obtained by said  (Autopsy or Inquiry)  to death on the day stated above.  femmediate cause of death  Cornary Thurboris  Duration
9 Birthplace Philadelphia, Pennsylvania 10. Usual Occupation Petired salesman 11 Industry or business	Due to Due to
William Montgomery  13 Buthplace Philadelphia, Pennsylvania  14 Maiden Name  15 Buthplace Philadelphia, Pennsylvania  16 Maiden Robert G. Barnes	Other Conditions  (Include pregnancy within 3 months of death  Major findings:  Of operations  Of autopsy  Of autopsy
Address 7909 Dorchester Road  17 Cremation Date thereof 12/19/39 (menth) (day) (year)  Cemetery or crematory Loudon Park (wation Baltimore, Maryland  18 Funera director John O. Mitchell & sons (a) Address 1900 Futaw Place (Registrar	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide  (b) Date of occurrence  (c) Where did injury occur?  (City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?  (Specify type of place)  (Means of injury  23. Signature  (M.D. Medical Examiner)  M.D. Date signed

ARTMENT-CITY OF BALTIMORE CERTIFICATE OF DEATH 1. PLACE OF DEATH Usual place of abode) (If non-resident give city or town ass) State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. Single, Married, Widowed, or Divorced (write the word) wild award 4. Color or Race 21. DATE OF DEATH (month, day, year) See 18 tenale 22. 1 HEREBY CERTIFY, That I attended decensed Sa. If ma ried widowed, or divorced . 19.59 to see 1 8 BUSBAND of for WIFE of I last naw her alive on flice 18 boul to have occurred on the date stated above, at 0 = 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of 7. AGE Months Dave If LESS than importance were as follows: iabetes mellities = Chronic Cardio - vascular distant a lemis profession, or particular and f work done, as opinner, Louseline sauger, bookkeeper, etc. " I dustry or business in which was done, as silk mill, William. saw mill, bank, etc. 10 It is de eased last worked at Other contributory rouses of importance: II. Total time (years) the occupation (month and spent in this occupation - 44.1 12. RIRTHPLACE (city or town) TH in plai (State or country) Was an operation performed the Control Date of For what disease or injury? 13. NAME 910 Name of operation 16. BIRTHPLACE (city Town) What test confirmed diagnosis?. (State or country) 23. If death was due to external causes (violence) fill in also the fol-12 MAIDEN NAME lowing: Aceldent, suicide, or homicide? Date of injury ..... Where did injury occur? State or country (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public Manner of injury. IN BURIAL CREMATION, OR REMOVAL Anture of injury 24. Was disease or injury in any way related to occupation of deceased? ID INDIREARBE SU

Registered No.

if U. S. Veteran

of street and number.)

ALC: A

Was there an autopay ! LL

(If death occurred in a hospital or institution, give its NAME Instead

Instead

Date of want

should

§ 63991

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

63991

divorced. Single  6 b) Name of husband or wife  6 c) If alive, give age  7. Birth date of deceased (mo, day, yr.) March 9, 1889  8. AGE: Years Months Days It less than one day  9. Birthplace Carroll County, March 9, 1889  11. Industry or business  12. Name  13. Birthplace Carroll County, Maryland  15. Birthplace Carroll County, Maryland  16 (a) Informant Aggress—Service (b) Date thereof / J.	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:		
(c) Experts adjaces a laborate that the following:  (d) Length of stay in hospital or inst. (yrs., mos., or days) 11 de.  (e) Length of stay in Baltimore (yrs., mos., or days) 25 years  (e) Length of stay in Baltimore (yrs., mos., or days) 25 years  (f) The stay in Baltimore (yrs., mos., or days) 25 years  (g) FULL NAME  Ren Jamin Harrison Mitchell  3 (h) It veteran, name wer  3 (e) Ecception for stay in Baltimore (yrs., mos., or days) 25 years  (g) H foreign born, how long in U. S. A.7 years  MEDICAL CERTIFICATION  20. DATE OF DEATH 1 cc. 16, 19 39, or 7, 20PM  21. Icetify that death occurred on the date above stated; that I attended deceased from 1 cc. 15, 19 39, or 7, 20PM  22. Icetify that death occurred on the date above stated; that I attended deceased from 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I hat saw him alive on 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 39, and that I have deceased from 1 cc. 16, 19 3	a) Baltimore City, Maryland			
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Major findings: Of operations  Underline the cause to which does have do by the harged eatistically.  It Maiden Name  15. Birthplace arroll county, Maryland  Of autopsy. All & findings: Of autopsy. All & findings. Of autopsy. All & findingsy.		Other Conditions		
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16 (a) Informant 1800 180 - 1	15. Birthplace Darroll County, Maryland	Of autopsy Charles & LLONG tically.		
(a) Cemetery or crematory. (b) Date thereof / J - J J - J O (City or town) (County) (Starw)  (c) Cemetery or crematory. (c) Matterial Location Tuding Nord  (d) Did injury occur about home, on farm, industrial place, in public place? While at work?  (Specify type of place)  (e) Where did injury occur?  (City or town) (County) (Starw)  (d) Did injury occur about home, on farm, industrial place, in public place? While at work?  (Specify type of place)  (e) Means of injury  23. Signature. It Is It, It, Address. It. Is It.	16 (a) Informant Records - 1. 1. Marine Hos, ital	22. If death was due to external causes, fill in the following:		
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Commetery or crematory W. B. Martinal Location Fudenck road  18 (a) Funeral directo Adolphiae Helstead  (b) Address 9/80 ruin / fillage  (c) Means of injury  23. Signature  Address I am Iospiral Date signed 2/10/30	(Burial cremation, or removal) (month) (day) (year)	(c) Where did injury occur?		
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(Specify type of place)  (Address 9/80) This of the state	Location Frederick, road	place) While at work)		
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	Address 7/ och man fictione.	23. Signature J. 13.14. awaller		
	19 (a) 10 Departure (b) 2 beautiful (Breatter)	Address arine Losning Date signed 2/10	/39	
TO 0	VS 3	Baltimore, Md.		

information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should attate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of a OCCUPATION is very important. See instructions on back of certificate.

	CERTIFICATI	E OF DEATH	46-	-6
1. PLACE OF DEATH CITY OF BALTIMORE: (No. 6 24	worth We	eaux, 16	Vard's	intered No
Length of residence in city or town where death 2. FULL NAME Educed	Joreginal State	erbert in	U.S. If of foreign b	of atreet and number.)  of the number.  of the number.  de.  de.  WAR
(a) Residence: No. 6 24 Man	th wan	≪st, v	Vard	e city or town and State)
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL	CERTIFICATE	OF DEATH
male White or Divorce	ed fullion rate moral II-	21. DATE OF DEATH (1 22. I HEREBY		Dec, 18, 1939 attended deceased from
Sa. If married, widowed, or divorced BUSBAND of (or) WIFE of  Elizabeth		I last saw h.Z. alive on to have occurred on the de		17, 1939 Denth is said 12,308
6. DATE OF BIRTH (month, day, year)  7. AGE  Years  Months  Days	If LESS than I dayhre.	The principal cause of deal importance were as follows:	th and related causes	9)
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc.	ormin.	tocker	ig	go, by
work was done, as silk mill, saw mill, bank, etc	tai time (years)	Other contributory causes of	( importances	17/15/
	stown and	Was an operation party	thing ou	8 4 1939
18. NAME TO LOTOLY  14. BIRTHPLACE (city or town) Starget	extour	For what disease of injury?  Name of operation  What test confirmed disar-	none of	Part - us
(State or country)  (State or country)  (State or country)  (State or country)	f Whole	28. If death was due to lowing:	external causes (vi	of injury 19
(State or country)  17. INFORMANT Murs Mary B, 8	ng Prohi	Where did injury occur?.  Specify whether injury	(Specify city of	or town, county, and State) ry, in home, or in public
17. INFORMANT (Address) Gry M. Mean  18. HURIAL, CREMATION, OR REMOVAL	and the	Manner of injury		
Place Mt. Olivet Date!	107	Nature of injury		I to occupation of deceased?
19. UNDERTAKER Ship (Address)	St.	(Signed)	In J.E	non x D.
20. PfixDj 19 thurtingty	or Photographically	(Address)	medica	y airs perg
1939	49			0

HEALTH DEPARTMENT-CITY OF BALTIMORE;3992

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## BALTIMORE CITY HEALTH DEPARTMENT



# 63993 F 63993

CERTIFICATE OF DEATH
2. USUAL RESIDENCE OF DECEASED:  ity, Maryland  se 2013 Cliftwood Ave., institution:  (a) State Md. (b) County  (c) City of fown Baltimore  (If outside city or town limits, write RURAL and give town  sy in hospital or inst. (yrs., mos., or days)  (b) County  (c) City of fown Baltimore  (If outside city or town limits, write RURAL and give town  (d) Street No. 2013 Cliftwood Ave.,  (d) If foreign born, how long in U. S. A.?  (e) If foreign born, how long in U. S. A.?
MEDICAL CERTIFICATION  No.  Color or race White divorced idower  MEDICAL CERTIFICATION  2.45  20. DATE OF DEATH Dec. 18, 1939, at 8.1  21. I certify that death occurred on the date above systed; that lattender
ed deceased from face 1 1936 to 17 1939  and that I last sawh in alive on Nec 17 1939.  Instant I last sawh in alive on Nec 17 1939.  Impediate cause of death of the necessary of
Henry Poole  Baltimore, Md.  Major findings: Of operations  Of autopsy  Of autopsy  PHYSICIAN  PHYSICIAN  Of autopsy  PHYSICIAN  Of autopsy
H.Milton Poole (Son)  2816 Harford Road  (a) Accident, suicide, or homicide  (b) Date thereof Dec. 21, 1936 Date of occurrence  (month) (day) (year)  or crematory Greenmount  Greenmount Ave. Balto. Md.  irector H. Douard Strong  715 Light St.,  (b) Date thereof Dec. 21, 1936 Date of occurrence  (month) (day) (year)  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  While at work?  (e) Means of incident auses, fill in the following (a) Accident, suicide, or homicide  (b) Date thereof Dec. 21, 1936 Date of occurrence  (c) Where did injury occur about home, on farm, industrial place, in public place?  (e) Means of incident auses, fill in the following (a) Accident, suicide, or homicide  (c) Where did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of incident auses, fill in the following (a) Accident, suicide, or homicide  (d) Did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of incident auses, fill in the following (a) Accident, suicide, or homicide  (d) Did injury occur?  (d) Did injury occur about home, on farm, industrial place, in public place?  (e) Means of incident auses, fill in the following (a) Accident, suicide, or homicide  (d) Did injury occur?
121 (b Date thereof Dec. 21, 1939) Date of occurrence (month) (day) (year) or crematory Greenmount Greenmount Ave. Balto. Md. irector L. Douward Strong  (c) Where did injury occur? (City or town) (d) Did injury occur about home, on farm, ind place?  (Specific trees (place)) (e) Means of ignity

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	TIFICATE OF DEATH 108
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED  (a) State Md. (b) County
b) Street address c) Hospital or Institution:	(c) City or town Pasa (If outside city or town)
d) Length of stay in hospital or inst. (yrs., mos., or day	Jays (e) If foreign born, how long in U.
3 (a) FULL NAME Walter & Phelps	
3 (c) Social Securi	ty Account   MEDICAL CER   20. DATE OF DEATH /2 /
Male Matte Married  6 b Name of husband or wife Married  6 c If alive, give age  7. Birth date of deceased mo., day, yr.) Line 18  8. AGE: Years Months Days If less than on the less than on the less than on the line of	and that I last saw h Marve on Immediate cause of death of the control of the con
15. Birthplace mod	Of autopay
16 a Informant Maroj & Phelps b) Address Mountian Rd, Pasades  17 a Burial (month)  (c) Cemetery or crematory Cedah Hill  Location Browlyn md  18 a Funeral director Welliam M M  11 Address 715 Light St	(day) (year)  (day) (year)  (c) Where did injury occur?  (City)  (d) Did injury occur about home, o

Registrar

out ide city or town limits, write RURAL and give town) If r rul pive le ation) rn, how long in U. S. A.? years MEDICAL CERTIFICATION Duration PHYSICIAN gnan v within 3 month of death) t mb rline the ma to which buth should be charged aint adue to external causes, fill in the following: nicide, or homicide urrence njury occur? (County) (City or town) ccur about home, on farm, industrial place, in public While at work? recify type of place) Address

12	63995
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## CERTIFICATE OF DEATH V



#### F 63995

Registered No.

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address  4940 Mastern Avenue	2. USUAL RESIDENCE OF DECEASED:  (a) State Maryland (b) County  Baltimore
(c) Hospital or institution: Paltimore City Hospitals	(c) City or town (If outside city or town limits, write RURAL and give town)  (Stiral No. 736 E. Preston Street (If resulting execution)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs. (e) Length of stay in Baltimore (yrs., mos., or days) Life	(If recal give location)  (If foreign horn, how long in U. S. A.)  years
3 (a) FULL NAME Baby Boy Lewis	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH Dec. 16 1939 at 15 cm
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Single	21. I certify that deatly occurred on the date above stated, that lattended deceased from JLC./6 19 37, to WLE 16 1937.
6 (c) If alive, give age years	and that I last saw hereplive on week / 619 27.  Immediate can't of death  Duration
7. Birth date of deceased mo., day, yr. 12/16/39  8. AGE: Years Months Days If less than one day 12 hr. min.	Due to Charlion
9. Birthplace Maryland (Town, county, and state) 10. Usual Occupation Baby	Due to
II. Industry or business	Other Conditions
12. Name Carrollton Lewis 13. Birthplace Maryland	(Include pregnancy within 2 months of death)  Major findings:  Underline the
14 Maiden Name Virginia Norris	Of operations cause to which leath should be
15. Birthplace Maryland	Of autopsy tirally
16 a Informant Records	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or liomicide
(b) Address Baltimore City Hospitals  17 (a) Cremation (b) Date thereof (1/18/39  (Burial, cremation, or removal) (morth) (day) (year)  (c) Cemetery or crematory Cremating  Location Balts City Hospitals  18 (a) Funeral director  (b) Address 1939 Huntington Williams, MR	(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)  (e) Means of injury  23. Signature
(Date rec'd by registrar)  WS 3	Address Dulle City Hor & Dute signed - 18-11

r 63996

1. PLACE OF DEATH:

#### F 63996 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATHV

2. USUAL RESIDENCE OF DECEASED:

Md. (b) County

Street No. 1426 N. Fulton Avenue

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

a State

(a) Baltimore City, Maryland	
(c) Hospital or institution:	
d) Length of stay in hospital or inst. (yrs., mos., or days)	1
(e) Length of stay in Baltimore (yrs., mos., or days)	H
Joseph A. McGinnis	
3 (b) If veteran, name war 3 (c) Social Security Account No.	l
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.  Male White Single	l
6 h Name of husband or wife	
6 (c) If alive, give age years	ı
7. Birth date of deceased (mo., day, yr.) June 14, 1871	ŀ
8 AGE: Years Months Days If less than one day 68 6 4 hr min	ı
	H
9. Birthplace Maryland (Tewn, county, and state) 10. Usual Occupation None 11. Industry or business	
12. Name Edward F. McGinnis  13. Birthplace New York	l
	ı
14. Maiden Name Rosanna Fitzpatrick 15. Birthplace Maryland	H
15. Birthplace Maryland	
16 a Informant Mrs. Rose Wright	l
Address 1426 N. Fulton Avenue	
17 a Burial (Burial, cremation, or removal) (month) (day) (year)	
c Cemetery or crematory New Cathedral	
Location Baltimore, Md.	
18 a Funeral director Wm. J. Tickner & Sons,	
b Address North & Pennsylvania Avenues	
12 7 9 1939 tutu to Williams ore	

ME	DICAL CERTIFIC	CATION	A
20. DATE OF DEATH	December 1	8. 19 39 at 1	
21. I certify that death ed deceased from and that I last saw h	occurred on the dat	to Dec 17	t lattend
Oar Comm			Duration  Menal
Due to.			
Due to			
Other Conditions	How John	a Dist	
Other Conditions	honic toby	a Paris	HYSICIAN
Major indexes: Of operations	Suor fets	en i dent	HYSICIAN Her in the to which bould be rasil state
Major Of operations Of autopay	hone 16th	en u dent ha: tien	to which had library at the later
Of operations  Of autopsy  22. If death was due		en u dent ha: tien	to which had library at the later
Major Major Of operations  Of autopsy  22. If death was due  (a) Accident, suicide	. or homicide	en u dent ha: tien	to which has 11 to
Of operations  Of autopsy  22. If death was due  a Accident, suicide b Date of occurrence	or homicide	en u dent ha: tien	to which has 11 to
Of operations  Of autopsy  22. If death was due  a Accident, suicide b Date of occurrence c Where did injury	occur)	fill in the follows	to which bould by rawling that
Major Of operations  Of autopsy  22. If death was due  a Accident, suicide b Date of occurrence c Where did injury  d Did injury occur a place?	or homicide  ce  occur?  (City or the	fill in the follows	to which bould by rawling that

63997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.

## CERTIFICATE OF DEATH

F 63997

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	a State Wd . 1 County Baltimore	
(b) Street address	State No County	
(c) Hospital or institution:	(c) City or toyal Saltune	
Sydenham Hosp -	Tif cutside city or town limits, write RUHAL and	d g = 1 w n
	W Direct No. 609 W. Lee St.	
(d) Length of stay in hospital or inst. (yrs., nios., or daya)	(If real see leasen)	1,277.03
(e) Length of stay in Baltimore (yrs., mos., or days all life.	(e) If foreign born, how long in U. S. A.?	years
		×
3 o FULL NAME Mozella Bradley -	-	
3 b) If veteran, name war 3 c) Social Security Account	MEDICAL CERTIFICATION	2 0
No.	20. DATE OF DEATH Seculo 18 1939, 16	:35 PM
4. Sex 5. Color or trace 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; if	hat lattend.
F. Col, divorced Call -	ed deceased from 12/18 1939. to 12/18	139 .
6 (1 No. 6 houles describe	and that I last saw h an alive on 12/18/39 19	
6 b Name of husband or wife 6 c If alive, give age years	Immediate cause of death Pullunous	Duration
	38 0 000 3	douse.
	Lausmontes - 1	dan
1 11 -	Due to	2
hr min.	1706 (0	100
9 Birthplace Collinois Nd - 0	Due to	
(Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions	
11. Industry or business		
# 12 Name Soun Brodley	Include prigram, within 3 months of death	PHYSICIAN
13. Birthplace South Carolina.		Cindecline the
0 0 1000	O. OPCINION	wh to him
14. Maiden Name Rosalie dalbot		argid at s-
15. Birthplace South Carolina -		eally.
16 a Informant	22. If death was due to external causes, fill in the follow	ving:
b) Address 609 W. Lee St.	(a) Accident, suicide, or homicide	
	(b) Date of occurrence	
17 (a Burnal, or removal) (Burnal, cremation, or removal) (month) (day) (yet)	(City or town) (County)	iStat
Cemetery or crematory Manil aulium	(d) Did injury occur about home, on farm, industrial plan	
alb. T	place) While at work?	20
Location William On Revolus	(Specify type of place)	
18 a Funeral director from 4	(e) Means of injury	74
Address 498 97 Mount still	23. Signature Jacob Lehre	gne .
19 d 9 som the trugter / mans my.	Surerlan Hotel	12-18-39
(Date of Decregistrar) Registrar	Address Lyour Tom. 140 F. Date signed	

VS 3

H 13.52 1270	Y HEALTH DEPARTMENT
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF  (a) State Man  (c) City or town Parallel outside  (d) State No. 70.9
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security According No.  4. Sex  5. Color or race  6 (a) Single, married, widower	20. DATE OF DEATH
	obtained by said
7. Birth date of deceased (mo., day, yr.) Aug. 19, 1867  8. AGE: Years Months Days If less than one day hr.  9. Birthplace Fallston, Harford County (Town, county, and state)	min.  Due to
10. Usual Occupation 11. Industry or business	Due to
12. Name Robert B. Forward 13. Birthplace Not known	Other Conditions  (Include pregnancy
14. Maiden Name Mary E. Hendon 15. Birthplace Not known	Major findings: Of operations
16 (a) Informant Sue M. forward	Of autopsy
(c) Cemetery or crematory Friendship, M.E.  Location Near Fallston, Harford Country Henry Lutz  18 (a) Funeral director Henry Lutz  1203 North Broadway.	(c) Where did injury oc ty (d) Did injury occur abo place? (Specify ty)
19 (a) (b) anthury for Milliam 18	23. Signature

(c) City or town Patterners	
If outside city or town limits, write RURA	
Midel No. 709 Willow Ive	
(If rural give location)	
(e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	5 30p
20. DATE OF DEATH Mccluber \$ 1959	, at M
21. IHEREBY CERTIFY, That Itook charge of the re	mains described
above, held an Manuay thereon and fro	m the evidence
obtained by said	deceased came
(Autopsy or Inquiry) to death on the day stated above.	
Immediate cause of desth	Duration
Cornery ordin	4000000 04 90000 0400
1	
Due to	
D	-
Due to	
Other Conditions	
Other Conditions	
(Include prognancy within 8 months of death)	PHYSICIAN
Major findings:	Underline the
Of operations	death should be
	charged statis-
Of autopsy	tically.
22. If death was due to external causes, fill in the fo	ollowing:
g(a) Accident, suicide, or homicide.	-
(b) Date of occurrence	
(c) Where did injury occur? (City or town) (Cou	meral (Menta)
(d) Did injury occur about home, on farm, industrial	
place) While at wor	
(Specify type of place)	
(e) Means of injury	M.D.
23. Signature Medical Examine	
Date signed 2 19,59.	

2. USUAL RESIDENCE OF DECEASED: (a) State M. (b) County

1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address / 6 20 fg = 2 8 th  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (f) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in hospital or inst. (yrs., mos., or days)  (f) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Lord or institution:  (g) Length of stay in hospital or inst. (yrs., mos., or days)  (g) Lord or institution:  (g)	F 63999	BALTIMORE CITY HE CERTIFICATE	
3 (a) FULL NAME  Mary Grown and County 3 (b) If veteran, name Grown and Social Security Account No.  4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced. Warry Account Mary Mary Mary Mary Mary Mary Mary Mary	a) Baltimore City, Maryland b) Street address / 6 20 fa c) Hospital or institution:	inst. (yrs., mos., or days)	Sime So. 16 2
4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.  Warried  Warried  7. Birth date of deceased ino, day, yr Logue 5 9 years  7. Birth date of deceased ino, day, yr Logue 5 9 years  8. AGE: Years Months Days 16 less than one day  10. Usual Occupation 11. Industry or business  12. Name 14. Maiden Name 15. Birthplace 16 (a) Informant Logue 17  16 (a) Informant Logue 17  17 (a) Burrial  18 (a) Informant or removal  19 (c) Cemetery or cremation, or removal  10 (d) Did injury or place?  11 (d) Did injury or place?  12 (e) Means of injury or place?  (s) Means of injury or place?  (c) Means of injury or place?  (c) Means of injury or place?  (d) Means of injury or place?  (e) Means of injury or place?  (e) Means of injury or place?			• (e) If foreign born, he
divorced. Matried  6 b) Name of husband or wife famile (1) for solver  6 c) If alive, give age 5 9 years  7. Birth date of deceased ino, day, yr If less than one day  8. AGE: Years Months Days  9. Birthplace Norfolk (Town, county, and state)  10. Usual Occupation Hows Wife  11. Industry or business  12. Name 1 of 1 1 1  13. Birthplace 1 1 1 1  14. Maiden Name 1 1 1 1  15. Birthplace 1 1 1 1  16 (a) Informant Jamiel 9. If state 1 1  17 (a) Burnal 1 1 1 1  18 (Burial, cremation, or removal) (Reath) (day) (year)  19 (c) Cemetery or crematory Baltinore  10 Means of ingeres.  11 (a) Funeral director Howy Lucy  12 (b) Means of ingeres.		No.	ME 20. DATE OF DEATH
9. Birthplace Work of County, and state) 10. Usual Occupation House Wife 11. Industry or business 12. Name / of work 13. Birthplace / f / f / f / f / f / f / f / f / f /	7. Birth date of deceased mo. c. 8. AGE: Years Months D.	Janiel E. Sporoline b. c. If alive, give age 59 years day, yr Loss 15 = 1876  Days  If less than one day	renal
12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 16. (a) Informant Squaries (b) Address 16. (a) Informant Squaries (c) Emeters or crematory Baltimore 17. (a) Burial (Burial, cremation, or removal) 18. (a) Funeral director Jenny Location (c) Means of injury of place?  18. (a) Funeral director Jenny Lucy (c) Means of injury of place?  (b) Means of injury of the place (c) Means of injury of place?	9. Birthplace ) or old		Due to Other Conditions
15. Birthplace 16 (a) Informant Laurich & Strobure (b) Address 1620 & -28th st (a) Accident, euclider & Burial & b Date thereofolist 20/39 (Burial cremation, or removal) (c) Cemetery or crematory Baltimore Location & North ave  Location & North ave (b) Date of occur (c) Where did is (d) Did injury of place? (S)  18 (a) Funeral director Strong	12. Name 1/08		
(b) Address /620 ff. = 28th St.  17 (a) Burial (b) Date thereotoff & 20/39 (c) Where did is (Burial, cremation, or removal)  (c) Cemetery or crematory Baltimore (d) Did injury of place?  Location 6. North ave (S)  18 (a) Funeral director Jenny July (c) Means of injury of place?	14 Maiden Name / 4		
- 50 4 0 2000 Athentington Williams, My.	17 (a) Burial & Burial & Burial, cremation, or remove (c) Cemetery or crematory Location & North	Baltimore way Luty Baragayay	(a) Accident, suicide (b) Date of occurre (c) Where did injure (d) Did injury occur

2. USUAL RESIDENCE OF DECEASED:	
(a) State 2Md (b) County	
(c) City or town Battimore (If out ide city or town limits, write RURA	L and give town)
Simo 1620 6 = 28 the s	8
If rural give location	
(e) If foreign born, how long in U. S. A.?	years
MEDICAL CERTIFICATION	00
20. DATE OF DEATH /2 - /8 - 193	9. at / -A M
21. I certify that death occurred on the date above sta	ted; that lattend-
ed deceased from 10 - 11 - 1939, to 12	10.39
and that I last saw h Lalive on 12-16-	Duration
Immedie cause et death Cardis-vasculs renal disease	Luxuos
Due to	
Due to	-
Due to	_
Other Conditions appleany	2/24/5
Other Conditions	PHYSICIAN
(Include pregnancy within 3 months of death)	1.1.1.1.1.1
Major findings:	Underline the
Of operations	death should be
Of autopsy	tically
22. If death was due to external causes, fill in the	following:
(a) Accident, suicide, or homicide	
(b) Date of occurrence	
Wit did injury occur)	
COLUMN TO THE PERSON OF THE PE	ial place, in publ
(d) Did injury occur about home, on farm, industr	vork?
place? (Specify type of piace)	
(c) Means of injury	f. 1
23. Signature	M. D.
2019 Harlord Dogs	signed 12-15.
Address 7807 May 14 May 1	

Registered No. F 63999

HEALTH DEPARTMENT CITY OF B CERTIFICATE OF DEATH Registered No ..... 1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) CITY OF BALTIMORE: (No. U. S. If of foreign birth? \_\_\_\_\_ pre.\_\_\_\_mos.\_\_\_ Length of residence in city or town whe If U. S. Veteran specify WAR 2. FULL NAME Ward. (a) Residence: No. 1.9 (If non-resident give city or town and State) (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, r Divorced (write the word) 4. Color or Race 21. DATE OF DEATH (month, day, year) 3. SEX Lee 18 Sa. If married, widewed, or diverced BUSBAND of tes (or) WIFE of to have occurred on the date stated above, at., 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of I! LESS than Date of enset Yeare Menths Days 7. AGE acute liver recrain 12-15 I day hrs. min. A. Trade, profession, or particular OCCL PATION kind of work done, as apinner, sawyer, bookkeeper, etc., 9. Industry or business in which work was done, as silk mill, 34224 saw mill, bank, etc. land arterio ocherose 11. Total time (years) 16. Date deceased last worked at spent in this this occupation (month and necupation. 12. BIRTHPLACE (city or town) (State or country) olean Tectory II. NAME Y Was the an autopay 16. BIRTHPLACE (city What test confirmed diagnosis? 23. If death was due to external causes (violence) fill in also (the fol-(State or country) erman Accident, suicide, or homicide? ... Date of injury .... 15. MAIDEN NAME Where did Injury occur " 16. BIRTHPLACE telty or town (Specify city or fown, county, and State)
Specify whether injury occurred in industry, in home, or in public State or gountry II. INFORMANT place ( ar bhs Manner of injury IS BURIAL CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased tring on Williams H.R.



DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

## CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS & DAY November OF 1965THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH NOV. 13, 1939 AND ENDING WITH Dec. 19, 1939 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTM MT OF Health BUREAU OF Vital Statistics as delivered IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEIGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANLARUS FOR FERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OF-RATOR:



# END OF REEL